



# Application for Entry FIREFIGHTER Test

## Applicant Information

Full Name: \_\_\_\_\_ Last 4-digits of Social: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*Email Address Required*

Are you a US citizen? \_\_\_Y \_\_\_N      Are you at least 18 years old? \_\_\_Y \_\_\_N

## Special Note

The Office of State Examiner will NOT verify that applicants meet any specific qualification requirements. You will be required to self-certify that you are a citizen of the United States and of legal age. You will receive a notification letter with your test score from the Office of State Examiner within four (4) weeks. Please keep this information for your file as the Office of State Examiner WILL NOT issue duplicate copies. While the eligible list will be sent to the jurisdiction by the Office of State Examiner, you will need to submit a competitive employment application (separate form) to the department where you wish to be employed.

**A PASSING SCORE ON THE COMPETITIVE ENTRANCE TEST IS NOT A GUARANTEE OF EMPLOYMENT!**

## Veteran's Preference

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal. Should you wish to receive the veteran's preference points, check the space provided and attach a copy of your DD-214 which verifies your qualification to receive preference.

- I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

## Disclaimer and Signature

*I hereby certify that this application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected by the State Examiner, my name may be removed from the competitive employment list.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT**

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

- I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability):

**REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION:** in order for the Office of State Examiner to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations. What accommodations are you requesting?

- Extra Time    Reader    Private Room    Scribe    Other: \_\_\_\_\_

**Completed application forms must be returned to the Office of State Examiner by email to [FireApplication@LA.GOV](mailto:FireApplication@LA.GOV) by the application deadline. APPLICATIONS WILL ONLY BE ACCEPTED ELECTRONICALLY.**

**APPLICANTS WILL BE NOTIFIED OF THE EXACT DATE, TIME, AND PLACE OF THE EXAMINATION AT LEAST FIVE (5) DAYS PRIOR TO THE EXAMINATION DATE. NOTIFICATION WILL BE SENT ELECTRONICALLY. FAILURE TO PROVIDE AN EMAIL ADDRESS WILL RESULT IN YOUR APPLICATION BEING REJECTED.**