



**Firefighter/Paramedic**

*~ or ~*

**Firefighter/EMT  
Application Package**

**September 2018**

# Firefighter/Paramedic, Firefighter/EMT Application Information Frenchtown Rural Fire District September 2018

Thank you for your interest in applying for the FF/Paramedic, FF/EMT position at Frenchtown Rural Fire District. This packet contains the application as well as information to help you understand the process that will be utilized to fill the current vacancy. Please note that a hiring eligibility list *may* be developed from this application process.

The first step requires that you fill out the enclosed application and submit to:

**US Mail:**

Frenchtown Rural Fire District  
PO Box 119  
Frenchtown, MT 59834

**Physical Address:**

FRFD Station 1  
16875 Marion Street  
Frenchtown, MT 59834

**To be considered for this position, applications must be received before the closing date of 5:00 p.m. local time on Wednesday, October 10, 2018. *Late or incomplete application packages will NOT be considered.***

Required forms and documents are listed on the enclosed "FF/Paramedic, FF/EMT Application Checklist".

Following the closing date, all applications will be pre-screened for completeness and to ensure minimum requirements are met. Those that pass this pre-screening will then be reviewed and considered for the on-site evaluations. The top eight (8) applicants reviewed will be invited to participate in the on-site evaluations.

The on-site evaluations include a physical fitness test (pass/fail), oral interview, and skills assessments. The on-site evaluations are currently scheduled to be conducted on November 27-28, 2018. It is anticipated that each candidate will be scheduled to complete their assessments in one day. Candidates invited to the on-site evaluations should expect notification no later than November 3, 2018. The final scheduling, and more information on the on-site evaluations, will be provided to those candidates that are selected to advance to this phase.

It is strongly recommended that each applicant closely review the job posting and position description for more information on the vacancy. Copies can be obtained from [www.frenchtownfire.org](http://www.frenchtownfire.org), or by visiting FRFD Station 1 (or call 406-626-5791).

# Firefighter/Paramedic, Firefighter/EMT Application Checklist Frenchtown Rural Fire District September 2018

## **Job Posting & Position Description**

Please review the job posting and position description closely. These documents outline the minimum requirements and desired qualifications/characteristics for this vacancy. These documents may be obtained at FRFD Station 1 or visiting our website at [www.frenchtownfire.org](http://www.frenchtownfire.org).

## **Required Forms:**

These forms are required to be submitted with your application. Failure to submit will cause your application to be determined to be “incomplete” and it will not be considered further.

- Frenchtown Rural Fire District FF/Paramedic, FF/EMT Application (September 2018)
- Résumé
- Copy of current EMT and other requested certification(s)/license(s)

## **Optional Documents:**

The following are not required, but may be included in your application submission:

- Copies of other certificates, licenses, or other information pertaining to relevant work experience, education, or training

# FRFD FF/Paramedic, FF/EMT Application

## September 2018

*Frenchtown Rural Fire District (FRFD) makes decisions regarding applicants without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance.*

*All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with possible employment at FRFD. Please complete all parts of this application; all incomplete applications will be excluded from consideration.*

### Personal Information:

Last Name	First Name	Middle Initial
Are you or will you be over 18 years old as of December 1, 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Expires: _____
Street Address	City	State      Zip
Mailing Address (if different from Street Address)	City	State      Zip
Day Telephone No.	Evening Telephone No.	Message Phone No.
Email Address	Date Available for Employment	

### Education and Training:

High School Education				
High School Diploma (or equivalent) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		High School/GED School, Location		
Date Obtained: _____				
Other Education and Training				
	School/Location	Course of Study	Degree? Y/N	Dates Attended
Community College				
Trade School				
College/University				
Graduate Work				

**Education and Training, Continued:**

<b>EMT Certifications</b>		
National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Enclose copy of National Registry EMT Card</i>	If Yes, Date of National Registry	Level of Certification
Montana License? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Enclose copy of Montana EMT Card</i>	If Yes, Date of Issue	Level of Licensure
<b>Structural Firefighter Certifications</b>		
Have you ever had Firefighter I or II Certification? <input type="checkbox"/> No <input type="checkbox"/> FFI <input type="checkbox"/> FFII <i>Enclose copy of Certificate(s)</i>	If Yes, Date of Certification	If Yes, IFSAC Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Wildland Firefighter Qualifications</b>		
Have you ever had Firefighter 2 or 1 Qualification? <input type="checkbox"/> No <input type="checkbox"/> FFT2 <input type="checkbox"/> FFT1 <i>Enclose copy of Certificate(s)</i>	If Yes, Date of Qualifications	
Please list any other Wildland Qualifications  <i>Enclose copy of Certificate(s)</i>		
<b>Instructor Certifications</b>		
List any EMS, firefighting (structure and/or wildland), and/or rescue instructor certifications.  _____  _____  _____		
<b>Other Certifications</b>		
List any other certifications relevant to the position applying for. Enclose copies of certificates.  _____  _____  _____		
<b>Skills</b>		
Please describe any other education, training, qualifications, or skills that you think are relevant to the position applying for.  _____  _____  _____  _____		

**Military Experience:**

Branch of Service (if applicable)	Date of Discharge	Honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(provide appropriate documentation)</i>		

**Convictions:**

<p>Have you ever been convicted of a felony on or after your 18<sup>th</sup> birthday? <i>(Do not include minor traffic violations or arrests without convictions)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>IF YES:</b> Please give a short explanation outlining the circumstances of your conviction. Please indicate date, nature and place of offense, and disposition.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Employment History:**

<p>List your work experience beginning with your present, or most recent job. Include military service and any volunteer or other unpaid work which has provided experience and skills that would help you qualify. Describe each job, emphasizing your specific tasks and supervisory, technical or other responsibilities. You must complete this section of the application; <b>attaching a resume in lieu of a fully complete application is not acceptable.</b> If necessary, additional sheets (page 4) may be attached to this application form.</p>			
Current or Last Employer – Name/Address & Phone		Supervisor – Name & Title	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <i>(check all that apply)</i>			
Starting Date	Ending Date	Salary	Hours per week
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)			
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_____			

**Employment History, Continued:**

Print Last Name, First Initial: \_\_\_\_\_

Previous Employer – Name/Address & Phone		Supervisor – Name & Title	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer (check all that apply)		Reason for leaving	
Starting Date	Ending Date	Salary	Hours per week
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)			
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_____			
Previous Employer – Name/Address & Phone		Supervisor – Name & Title	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer (check all that apply)		Reason for leaving	
Starting Date	Ending Date	Salary	Hours per week
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)			
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Print Last Name, First Initial: \_\_\_\_\_

**Employment History, Continued:**

Previous Employer – Name/Address & Phone		Supervisor – Name & Title	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer (check all that apply)		Reason for leaving	
Starting Date	Ending Date	Salary	Hours per week
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)			
_____			
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**ADA Information:**

Do you require any accommodations for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the disability and an explanation as to the type and extent of accommodations that would be necessary for you properly and fully execute the duties of FF/Paramedic or FF/EMT.
_____
_____
_____
_____
_____



***Before signing and submitting, please ensure your package includes the following (packages that do not include all requested information will be considered incomplete):***

- This application, completed and signed (below)
- Any certificates, documents, etc., indicated in the questions (EMT, FFI, etc.)
- Résumé

**Acknowledgement and Signature:**

By my signature below, I certify that the information provided in this application and any accompanying materials is true and accurate. I hereby authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentations by me in this application or in any accompanying materials may result in rejection of the application and/or termination of employment without notice or benefits. I understand that my employment with Frenchtown Rural Fire District may be subject to a physical examination, completion of a medical history questionnaire, background check, and drug screening.

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