



FRENCHTOWN RURAL FIRE DISTRICT APPLICATION

The District 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. Please complete all parts of this application, all incomplete applications will not be considered.

APPLICATIONS DUE: April 20, 2018 17:00

POSITION APPLIED FOR:

2018 Fuel Mitigation Crew Boss/Chip Crew Boss

Date: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Please include a copy of your driver's license

Are you over 18 years of age? _____ YES _____ NO (For insurance purposes)

EMT Certification _____ Yes _____ No Date Certified _____

National Registry _____ Yes _____ No Montana Registry _____ Yes _____ No

Please describe any other education, training, qualifications, or skills that you think are relevant to the position for which you are applying:

Have you ever been convicted of a felony on or after your 18th birthday? (Do not include minor traffic violations or arrests without convictions.) _____ YES _____ NO

If yes, please give a short explanation outlining the circumstances of your conviction. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying. _____

EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past 5 years if you have worked that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. **You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable.** If you need additional space, attach additional sheets.

CURRENT EMPLOYER _____

ADDRESS _____

Job Title: _____

From: ____/____ To: ____/____ Total Time: ____ Yrs. ____ Mos.
Mo. Year Mo. Year

Circle one of the following: Full Time/Part Time Paid/Unpaid

Supervisor's Name: _____ Phone: _____

Duties (be specific): _____

May we contact this employer? ____ Yes ____ No

PREVIOUS EMPLOYER _____

ADDRESS _____

Job Title: _____

From: ____/____ To: ____/____ Total Time: ____ Yrs. ____ Mos.
Mo. Year Mo. Year

Circle one of the following: Full Time/Part Time Paid/Unpaid

Supervisor's Name: _____ Phone: _____

Duties (be specific): _____

May we contact this employer? ____ Yes ____ No

PREVIOUS EMPLOYER _____

ADDRESS _____

Job Title: _____

From: ____/____ To: ____/____ Total Time: ____ Yrs. ____ Mos.
Mo. Year Mo. Year

Circle one of the following: Full Time/Part Time Paid/Unpaid

Supervisor's Name: _____ Phone: _____

Duties (be specific): _____

May we contact this employer? ____ Yes ____ No

REFERENCES

List three persons other than relatives who have known you for longer than one year.

Name

Address

Phone

Briefly tell us why you should be chosen as a Fuel Mitigation/Chip Crew Leader.

Describe your recent (in the last year) participation and involvement in the Department.

In submitting this application, I authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination. By my signature placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for dismissal from the Fire District, if discovered at a later date. I agree to notify the Fire District if convicted of a Felony or any crime involving dishonesty or breach of trust. I certify that I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Signature: _____

Date: _____

In case of an Emergency Who Should we notify? (Include Name Day and Night Phone and address _____

OFFICE USE ONLY

Application Status:

Accepted

Rejected

Reason Rejected:

Terminated on: _____

Reason for termination: _____