

# 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.

### POSITION APPLIED FOR:

***Resident Firefighter/EMT***

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SSN NUMBER: \_\_\_\_\_ (Please include a copy of your drivers license & social security card)

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

### EDUCATION:

High School \_\_\_\_\_ Did you graduate?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, did you obtain a G.E.D.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and location of place where G.E.D. obtained:

\_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

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:

\_\_\_\_\_

### MILITARY EXPIRENCE:

Branch: \_\_\_\_\_

Discharged \_\_\_ Yes \_\_\_ No

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.

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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

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EMPLOYER \_\_\_\_\_

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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): \_\_\_\_\_  
\_\_\_\_\_

Were you discharged for alleged misconduct or poor work performance? (if yes, explain on separate sheet)

\_\_\_\_\_ 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 want to become a resident firefighter/EMT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_



**PERSONAL  
INFORMATION EXPRESS  
CONSENT FORM**



**MONTANA DEPARTMENT OF JUSTICE  
DIVISION OF MOTOR VEHICLES**

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity.

Complete this form if you have checked the first box of the **INTENDED USE** portion of Section 1 on the Release of Driving Records form.

NAME: \_\_\_\_\_  
(Print Full Name)  
DRIVER'S LICENSE # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
RESIDING AT: \_\_\_\_\_  
(Street) (City, State) (ZIP Code)

I HEREBY AUTHORIZE THE DEPARTMENT OF JUSTICE TO RELEASE MY:

- Driving Record  Vehicle Record

TO THE FOLLOWING INDIVIDUAL AND/OR COMPANY:

NAME: \_\_\_\_\_  
(Print Full Name)  
ADDRESS: \_\_\_\_\_  
(Street) (City, State) (ZIP Code)

I CERTIFY UNDER PENALTY OF LAW (Mont. Code Ann. § 45-7-203, Unsworn Falsification to Authorities) THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature: \_\_\_\_\_  
(Name) (Date)

**RELEASE OF INFORMATION**

To Whom It May Concern:

I request and authorize you to disclose to Frenchtown Rural Fire District any documents or information that it may request. I have authorized Frenchtown Rural Fire District to inquire concerning my background history in connection with an application for employment or volunteer position with the district. I agree to hold you and your agents harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for either employment, residency or volunteer positions that may be provided.

Signature \_\_\_\_\_

Date \_\_\_\_\_

REMEMBER TO INCLUDE A COPY OF YOUR DRIVERS LICENSE & SOCIAL SECURITY CARD

**FRFD Volunteer/Resident Firefighter/EMT Questionnaire**

THIS IS JUST A QUESTIONNAIRE THE INFORMATION WILL ONLY BE USED FOR FIRE DEPARTMENT PURPOSES. THIS WILL JUST ALLOW US TO BE ABLE TO SEND OUT CARDS AND DO A FEW NICE THINGS FOR THE FAMILIES OF OUR MEMBERS, OUT OF APPRECIATION FOR THE TIME OUR MEMBERS PUT IN. IF YOU FEEL UNCOMFORTABLE ABOUT FILLING OUT THE INFORMATION ON THIS FORM PLEASE JUST SEND IT BACK WITH YOUR NAME AND LEAVE BLANK THE INFORMATION YOU DON'T WANT TO FILL IN.

**THIS IS AN OPTIONAL FORM**

Name \_\_\_\_\_

Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

Phone #'s Home \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_

Date of Birth \_\_\_\_\_

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Spouses Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

Children (s) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Anniversary Date \_\_\_\_\_

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E-Mail Address \_\_\_\_\_@\_\_\_\_\_

Hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**OFFICE USE ONLY**

**Application Status:**

Accepted

Rejected

**Reason Rejected:**

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**Terminated on:** \_\_\_\_\_

**Reason for termination:** \_\_\_\_\_

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**Background Check Completed:** \_\_\_\_\_ **Drivers Record Check Completed:** \_\_\_\_\_

