

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: Volunteer Firefighter or EMT

Date: ___/___/___

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____
(Number) (Street/P.O) (City) (State) (Zip)

TELEPHONE: Home (____)-____-____ Cell (____)-____-____

SSN NUMBER: ____-____-____ (include a copy of drivers license & social security card)

DATE OF BIRTH ___/___/___

EDUCATION & TRAINING:

DID YOU GRADUATE HIGH SCHOOL? ____ Yes ____ No (if no) **GED?** ____

HIGHEST LEVEL OF EDUCATION COMPLETED _____

HAVE YOU EVER HAD EMT CERTIFICATION? ____ Yes ____ No

IF YES:

Date certified ___/___/___

National Registry ____ Yes ____ No

Montana Registry ____ Yes ____ No

HAVE YOU EVER HAD FIREFIGHTER I OR II CERTIFICATION? ____ Yes ____ No

IF YES:

Date certified ___/___/___

IFSAC Accreditation ____ 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 EXPERIENCE:

Branch: _____

Discharged ____ Yes ____ No

CONVICTIONS:

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.

Date ____/____/____ Nature of Offense _____

Location _____ Disposition _____

Explanation _____

EMPLOYMENT HISTORY:

List below your work experience (paid or unpaid) beginning with your present, or most recent job. 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: _____
(Number) (Street/P.O) (City) (State) (Zip)

Job Title: _____

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

Full Time ____ Part Time ____ Paid ____ Volunteer ____ (Mark all that apply)

Supervisor's Name: _____ Phone: ____ - ____ - ____

Duties (be specific): _____

May we contact this employer? ____ Yes ____ No

PREVIOUS EMPLOYER _____

Address: _____
(Number) (Street/P.O) (City) (State) (Zip)

Job Title: _____

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

Full Time _____ Part Time _____ Paid _____ Volunteer _____ (Mark all that apply)

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 personal references who have known you for longer than one year.

- 1) Name _____ Phone ____ - ____ - ____
- 2) Name _____ Phone ____ - ____ - ____
- 3) Name _____ Phone ____ - ____ - ____

ADA:

Frenchtown Rural Fire District will make reasonable accommodations for the disabled.

Individuals with disabilities requiring accommodation in the application process, or any future department activities, MUST provide documentation of the disability in writing to the District. Applicants needing such accommodations should document the request, including an explanation as to the type and extent of accommodations needed to perform duties associated with the position.

Are you capable of performing, in a reasonable manner, with or without, reasonable accommodations the firefighting or EMT duties associated with the position for which you are applying?

YES _____ NO _____

IF NO

Please attach written documentation of disability, and provide accommodation needs.


AUTHORIZATION:

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 ____/____/____

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

PERSONAL INFORMATION EXPRESS CONSENT FORM		MONTANA DEPARTMENT OF JUSTICE DIVISION OF MOTOR VEHICLES
<p>This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity.</p> <p>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.</p>		
NAME: _____ <small>(Print Full Name)</small>		
DRIVER'S LICENSE # _____		DATE OF BIRTH: _____
RESIDING AT: _____		
<small>(Street)</small>	<small>(City, State)</small>	<small>(ZIP Code)</small>
I HEREBY AUTHORIZE THE DEPARTMENT OF JUSTICE TO RELEASE MY:		
<input type="checkbox"/> Driving Record	<input type="checkbox"/> Vehicle Record	
TO THE FOLLOWING INDIVIDUAL AND/OR COMPANY:		
NAME: _____ <small>(Print Full Name)</small>		
ADDRESS: _____		
<small>(Street)</small>	<small>(City, State)</small>	<small>(ZIP Code)</small>
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: _____		_____
<small>(Name)</small>	<small>(Date)</small>	

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 employment, residency or volunteer positions that may be provided.

Signature _____ Date ____/____/____

EMERGENCY CONTACT:

In case of an Emergency who should we notify?

Name: _____ Relationship to you _____

Day time Phone: _____ - _____ - _____ Night time phone: _____ - _____ - _____



OFFICE USE ONLY

Application Status:

Accepted _____ Rejected _____

Reason rejected: _____

Termination Date ____/____/____

Reason for termination: _____

Background Check Completed: _____ Drivers Record Check Completed: _____