

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: _____

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.

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

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): _____

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 volunteer firefighter/EMT?

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 _____

Spouses Name _____

Date of Birth

Children (s) Name _____

Date of Birth

Anniversary Date _____

E-Mail Address
_____ @ _____

Hobbies _____

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: _____

Background Check Completed: _____ **Drivers Record Check Completed:** _____