



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: ____/____/____

PERSONAL INFORMATION:

NAME: _____

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

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

OVER 18 YEARS OF AGE? ____ Yes ____ No
If No, when will you turn 18? ____/____/____

EDUCATION & TRAINING:

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

HIGH SCHOOL NAME _____

HIGHEST LEVEL OF EDUCATION COMPLETED _____

HAVE YOU EVER HAD EMT CERTIFICATION? ____ Yes ____ No
IS YOUR EMT CERTIFICATION CURRENT? ____ Yes ____ No ____ N/A

IF YES:

Date certified ____/____/____
National Registry ____ Yes ____ No
Registry Number _____
Montana State License ____ Yes ____ No
State License Number _____

Please describe any other education, training, qualifications, skills, or experience that you possess that are relevant to Emergency Medical Services:

HAVE YOU EVER HAD STRUCTURE FIREFIGHTER I OR II CERTIFICATION?

____ Yes ____ No

IF YES:

Date certified ____/____/____
IFSAC Accreditation ____ Yes ____ No

Please describe any other education, training, qualifications, skills, or experience that you possess that are relevant to the Fire Service:

HAVE YOU EVER HAD WILDLAND FIREFIGHTER I OR II CERTIFICATION?

____ Yes ____ No

IF YES:

Date certified ____/____/____
NWCG Accreditation ____ Yes ____ No

Please describe any other education, training, qualifications, skills, or experience that you possess that are relevant to the Fire Service:

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 OR MOST RECENT 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

PROFESSIONAL REFERENCES:

List three references.

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

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.

Date ____/____/____ Nature of Offense _____

Location _____ Disposition _____

Explanation _____

MILITARY EXPIRENCE:

Branch: _____

Discharged ____ Yes ____ No

Honorable? ____ Yes ____ No

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

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) (City, State) (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: <u>Frenchtown Rural Fire District</u> <small>(Print Full Name)</small>		
ADDRESS: <u>P.O. Box 119</u>		<u>Frenchtown, MT</u> <u>59834</u> <small>(Street) (City, State) (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 ____/____/____

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 the firefighting or EMT duties associated with the position for which you are applying without reasonable accommodations?

YES _____ NO _____

IF NO:

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

RETURN COMPLETED APPLICATIONS:

IN PERSON:

FRENCHTOWN RURAL FIRE DISTRICT STATION #1
16875 MARION ST
FRENCHTOWN, MT

BY MAIL:

FRENCHTOWN RURAL FIRE DISTRICT
PO BOX 119
FRENCHTOWN, MT
59834

BY FAX:

406.626.6355



OFFICE USE ONLY

Application Status:

Date Received ___/___/___

Accepted _____ Rejected _____

Reason rejected: _____

Termination Date ___/___/___

Reason for termination: _____

Background Check Completed: _____ Drivers Record Check Completed: _____