



## 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.*

### **VOLUNTEER POSITION APPLIED FOR:**

**Firefighter/EMT** \_\_\_\_\_  
**EMT** \_\_\_\_\_

**Support Services** \_\_\_\_\_  
**Firefighter** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **PERSONAL INFORMATION:**

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

**ADDRESS:** \_\_\_\_\_  
(Number) (Street/P.O) (City) (State) (Zip)

**TELEPHONE:** Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**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:

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**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:

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**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:

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**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 EXPERIENCE:**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**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: **Frenchtown Rural Fire District**  
(Print Full Name)

ADDRESS: **P.O. Box 119** **Frenchtown, MT** **59834**  
(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 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: \_\_\_\_\_