



EAST MISSOULA RURAL FIRE DEPARTMENT
 314 Montana Ave / PO Box 8696
 Missoula, MT 59802 / Missoula, MT 59807
 Station: 406-549-5078



VOLUNTEER FIREFIGHTER APPLICATION

We welcome you as a volunteer firefighter applicant. Applications are reviewed on an ongoing basis as vacancies occur.

It is the policy and the intent of East Missoula Volunteer Fire Department to provide equality in opportunity for the employment of all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age in all aspects of our personnel policies, programs, and operations. East Missoula Volunteer Fire Department will consider all information contained in or connected with this application; personal and confidential and used only in conjunction with your possible employment.

INSTRUCTIONS:

1. ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
2. DATE AND SIGN THE APPLICATION
3. ALTHOUGH NOT REQUIRED, YOU MAY ATTACH A RESUME
4. RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS, EITHER IN PERSON OR BY MAIL

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____
 Social Security Drivers License Drivers License
 Number Number Type

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever volunteered for East Missoula Volunteer Fire Department? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you at least 18 years old? YES NO

Are you a resident of East Missoula? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Any fire service experience? YES NO

If yes, explain: _____

Do you have a Firefighter I certificate? YES NO

EMERGENCY MEDICAL EXPERIENCE

Certified First Responder? YES NO Certificate Number: _____

Certified EMT? YES NO Level _____ Certificate Number _____

Other: _____

*****PLEASE ATTACH COPIES OF ALL CERTIFICATIONS AND QULIFICATIONS*****

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Have you ever been involuntarily terminated or been asked
to quit a job? YES NO

If yes, explain: _____

Have you ever received worker's compensation? YES NO

If yes, explain: _____

References

Please list three professional references (Do not include family members)

Full Name: Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Driving History

Have you received any moving violation citations in the last 5 years? YES NO

Date(mm/yy): _____ Violation _____ Disposition: Guilty Not Guilty

Date(mm/yy): _____ Violation _____ Disposition: Guilty Not Guilty

If yes, explain: Date(mm/yy): _____ Violation _____ Disposition: Guilty Not Guilty

Date(mm/yy): _____ Violation _____ Disposition: Guilty Not Guilty

Date(mm/yy): _____ Violation _____ Disposition: Guilty Not Guilty

Have you been in any accidents in the last 5 years? Include accidents that were not your fault. YES NO

Date(mm/yy): _____ Details: _____

Date(mm/yy): _____ Details: _____

If yes, explain:

Date(mm/yy): _____ Details: _____

Tell us why you want to volunteer with this department

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS ON YOU AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP, AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES?

YES NO

If yes, please explain: _____

Disclaimer and Signature

I herby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize the East Missoula Volunteer Fire Department to make any necessary and appropriate investigations to verify the information contained herein.

Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

I am an applicant for a volunteer firefighter position with East Missoula Rural Fire District. In this connection, I hereby expressly authorize the release of any and all information which you may have concerning me including information of a confidential or privileged nature. A copy of any written material received by the district shall be given to me.

I hereby release East Missoula Rural Fire Department with which I am seeking this position and any organization, company, institution, or person furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested

A photo static copy of the authorization is considered to be as valid as the original.

*****THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED BEFORE SUBMITTING APPLICATION*****

Date _____,20____

Signature _____

Print Full Name: _____

Aliases _____

Present Address _____

Date of Birth _____

Social Security Number _____

All the states you have resided in _____

NOTARY SIGNATURE _____ **DATE** _____

NOTARY STAMP: