SEELEY LAKE RURAL FIRE DISTRICT

Community Integrated Health (CIH) Program

Mailing: PO Box 309, Seeley Lake, MT 59868
Physical: 200 Firehouse Ln, Seeley Lake, MT 59868
Phone: (406) 677-2400 | Fax: (406) 677-2416 | Web: seeleyfire.org

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APPLICATION FOR EMPLOYMENT: CIH DIRECTOR

1. PERSONAL INFORMATION

Full Name: _____ Date: _____

Mailing Address:

_____

Physical Address:

_____

City, State, Zip:

_____

Primary Phone: _____ Cell Phone: _____

Email Address:

_____

2. POSITION PREFERENCES & OPERATIONAL SCOPE

Desired Employment Type: [ ] Full-Time [ ] Part-Time [ ] Contract / Temporary

Date Available to Begin: _____ Desired Salary/Wage: _____

Regional Scope Acknowledgement:

The CIH Director role oversees a mobile-service health model covering a broad geography. Please confirm your operational readiness to implement and coordinate healthcare models across the following communities:

[ ] Greater Seeley Lake Region [ ] Condon Area [ ] Ovando Area [ ] Potomac Area

Physical Environment Attestation:

Are you physically capable and willing to complete mobile healthcare service duties that involve:

- Navigating seasonally inclement Montana weather? [ ] Yes [ ] No
- Working in private residences of all socio-economic demographics? [ ] Yes [ ] No
- Climbing stairs, lifting, moving equipment, or coordinating patient movement? [ ] Yes [ ] No

3. EDUCATION & PROFESSIONAL CREDENTIALS

Please select your highest matching qualification level for the CIH Director role:

[ ] Bachelor's Degree in Public Health, Community Health, Social Work, or Healthcare Administration.
[ ] Current Nursing License status with 5+ years of progressive healthcare program management experience.
[ ] Paramedic certification with 5+ years of progressive EMS/healthcare program management experience.
[ ] Equivalent degree/experience pathway matching population health frameworks.

Institution Name: _____ Degree/Major: _____

Active Professional Licenses/Certifications (e.g., State Nursing Board, National Registry Paramedic):
License/Cert Type: _____ Number: _____ Exp Date: _____
License/Cert Type: _____ Number: _____ Exp Date: _____

4. PRIOR DISTRICT CONTEXT

Have you ever been employed by Seeley Lake Rural Fire District before? [ ] Yes [ ] No
If yes, provide dates and role: _____
Do you have any relatives currently serving or employed by the District? [ ] Yes [ ] No
If yes, please state name and relationship: _____

5. PROFESSIONAL WORK EXPERIENCE

Detail your progressive leadership history below, focusing on community health care coordination, population health models, compliance workflows, and multidisciplinary team management.

Position 1: Company/Agency Name: _____

Job Title: _____ Dates of Employment: _____ to _____
Supervisor Name: _____ Phone/Email: _____

Core Responsibilities & Core Outcomes (Managed Care, Staff Supervision, Clinic Operations):

- _____

- _____

__
Reason for Leaving:
_____

Position 2: Company/Agency Name:
_____
Job Title: _____ Dates of Employment: _____ to _____
Supervisor Name: _____ Phone/Email:
_____
Core Responsibilities & Core Outcomes (Managed Care, Staff Supervision, Clinic Operations):

- _____

__

- _____

__
Reason for Leaving:
_____

6. PROFESSIONAL REFERENCES

Reference 1 Name/Title: _____ Organization/Company:
_____
Relationship: _____ Phone/Email:
_____
Reference 2 Name/Title: _____ Organization/Company:
_____
Relationship: _____ Phone/Email:
_____

7. ACKNOWLEDGEMENT, BACKGROUND, DRUG TEST CONSENT & SIGNATURE

I certify that all statements made in this employment application are true, accurate, and complete to the best of my knowledge. I understand that any false, misleading, or omitted information provided during this application or the accompanying interview process may result in the immediate rejection of my application or termination of employment if discovered at a later date.

By signing below, I provide my formal, indefinite authorization to the Seeley Lake Rural Fire District and its designated representatives to conduct thorough background checks. This consent includes, but is not limited to, verifying all educational degrees, examining professional healthcare/EMS credentials, conducting a criminal background investigation, performing standard DMV driving record history searches, and checking past

professional references to determine fitness for this senior leadership Community Integrated Health role. I also consent to a pre-employment drug screening.

Applicant Signature: _____

Date: _____