

**2412 Farm to Market Road Kalispell, Montana 59901**

**APPLICATION FOR ADMISSION TO SERVICE**

**DATE:**

**NAME:**

**ADDRESS:**

**CITY: STATE: ZIP:**

**HOME PHONE: WORK PHONE:**

**CELL PHONE: E-MAIL:**

**SSN: AGE:**

**DOB: DL#: STATE:**

**MARITAL STATUS: SPOUSE:**

**DEPENDENT/AGE:**

**NEAREST RELATIVE: PHONE:**

**EDUCATION**

**HIGH SCHOOL GRADUATE: IF NO/GED EQUIVILANT:**

**NAME OF SCHOOL:**

**COLLEGE: NAME OF COLLEGE:**

**MILITARY SERVICE: BRANCH:**

**HONORABLY DISCHARGED: YEARS OF SERVICE: TO**

**HAVE YOU BELONGED TO ANOTHER FIRE DEPARTMENT:**

**IF YES, PLEASE LIST DATES OF MEMBERSHIP AND REASONS FOR LEAVING:**

**SKILLS AND QUALIFICATIONS**

**PLEASE LIST ANY FIREFIGHTING, EMS, OR SCHOOLS YOU HAVE ATTENDED WITH LOCATION AND DATES OF ATTENDANCE:**

**EMPLOYMENT**

**CURRENT EMPLOYER:**

**ADDRESS:**

**DATE OF EMPLOYMENT: TO PHONE:**

**CURRENT SUPERVISOR:**

**EMPLOYMENT REFERENCES**

**LIST UP TO THE LAST FIVE EMPLOYERS, SUPERVISORS, AND PHONE CONTACT**

**EMPLOYER:**

**SUPERVISOR: PHONE:**

**EMPLOYER:**

**SUPERVISOR: PHONE:**

**EMPLOYER:**

**SUPERVISOR: PHONE:**

**EMPLOYER:**

**SUPERVISOR: PHONE:**

**EMPLOYER:**

**SUPERVISOR: PHONE:**

**PERSONAL REFERENCES**

**LIST UP TO FIVE PERSONAL REFERENCES NOT INCLUDING RELATIVES**

**NAME: PHONE:**

**ADDRESS: YEARS KNOWN:**

**NAME: PHONE:**

**ADDRESS: YEARS KNOWN:**

**NAME: PHONE:**

**ADDRESS: YEARS KNOWN:**

**NAME: PHONE:**

**ADDRESS: YEARS KNOWN:**

**NAME: PHONE:**

**ADDRESS: YEARS KNOWN:**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES NO**

**IF YES, EXPLAIN; INCLUDE FELONY, MISDEMEANOR,AND TRAFFIC OFFENSES:**

**DO YOU HAVE ANY PHYSICAL, MENTAL, OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOU IN THE PERFORMANCE OF YOUR DUTIES AS A VOLUNTEER FIREMAN/MEDIC: YES NO**

**IF YES, PLEASE EXPLAIN LIMITATIONS:**

**I CERTIFY THAT THE INFORMATION ON THIS APPLICATION FOR MEMBERSHIP TO THE WEST VALLEY VOLUNTEER FIRE AND RESCUE SERIVCE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE: DATE:**

**SPONSOR: DATE:**

**AUTHORIZATION TO RELEASE INFORMATION**

**TO:**

**I am an applicant for a volunteer position with the West Valley Volunteer Fire & Rescue Department. I am required to furnish information which this agency may use in determining my moral, physical, and mental qualifications.**

**I hereby expressly authorize the release of any and all information which you may have concerning me, up to and including information of a confidential or privileged nature.**

**I hereby release West Valley Volunteer Fire & Rescue Department and any organization, company, institution or persons furnishing information to West Valley Volunteer Fire & Rescue Department as expressly authorized above, from any and all liability for damage which may result from furnishing the information requested.**

**Date of Authorization:**

**Authorization has no expiration and information may be obtained at anytime at the request of the Trustees, Chief, Asst. Chief, or standing membership committee members.**

 **(initials of applicant)**

**FULL NAME OF APPLICANT:**

**ADDRESS:**

**DATE OF BIRTH: SSN:**

**WITNESSED: DATE:**