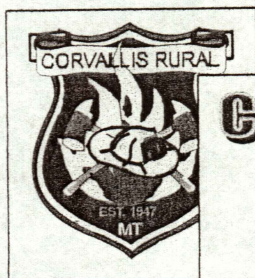


PERSONNEL PROMOTIONAL RULES & REGULATIONS



CORVALLIS RURAL FIRE DISTRICT PARENTAL CONSENT FORM UNDER AGE MEMBERS

"A"

_____ give consent for my son/daughter _____ to participate in the Corvallis Rural Fire District as a Volunteer or Cadet Firefighter. In doing so I understand that he or she may be placed in a position that may be considered dangerous by most. He or she may participate in training exercises, alarm responses and fire suppression activities as deemed necessary by the administration and officers of the District. I understand his or her training level will be brought to the highest level available by the District and that at any time I may withdraw my consent, at which time his or her affiliation with the District will be terminated.

Signed: _____

Printed Name: _____

Parent of: _____

Date Signed: _____

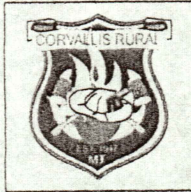
Received by: _____

(Must Be Signed By A Officer)

Date Received: _____

PERSONNEL PROMOTIONAL RULES & REGULATIONS

"B"



CORVALLIS RURAL FIRE DISTRICT AUTHORIZATION - RELEASE

CORVALLIS RURAL FIRE DISTRICT BACKGROUND AND RELEASE OF INFORMATION AUTHORIZATION

I _____ hereby authorize the Corvallis Rural Fire District
(Print Name Clearly)

and its agents to contact any current or prior employer concerning my job performance. I further agree to a criminal background and driving record check with release of contents to the District or its agents. In addition, should it be necessary for the position I am seeking, I authorize the District and its agents to check my credit history and contact debtors and landlords concerning payment history.

SIGNATURE

DATE

TO: USIS
1111 E. Broadway St
MISSOULA, MT 59802-4909
(406) 728-0001

I authorize the USIS to release my driving record. This is to include all department actions* and employment and non-employment accidents and violations that have occurred within the last three years. I further authorize the USIS to forward a copy of the said report to the District or its agents for the purpose of becoming a member of the Corvallis Rural Fire Department.

- * Department actions to include suspensions, revocations, reinstatements, restrictions, and driver improvement actions.

Mail Information to the Address Indicated to: Corvallis Rural Fire District
PO Box 13
Corvallis, MT 59828

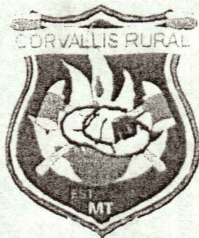
PRINT NAME: _____

DRIVERS LICENSE #: () _____ (Attach Copy)
State

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY							
DRIVER STATUS		CLEAR	REVOKED	SUSPENDED	RESTRICTED		
CRIMINAL HISTORY		YES NO	CONTACT AGENCY FOR INFORMATION			YES S	NO
COMMENTS:							

PERSONNEL PROMOTIONAL RULES & REGULATIONS



CORVALLIS RURAL FIRE DISTRICT VOLUNTEER APPLICATION

PERSONAL INFORMATION									
LAST NAME			FIRST NAME				MIDDLE		
CURRENT MAILING ADDRESS			"C"						
CURRENT STREET ADDRESS									
CITY			STATE				ZIP		
HOME PHONE NUMBER			WORK PHONE NUMBER				ADDITIONAL CONTRACT NUM		
SOCIAL SECURITY NUMBER									
EMERGENCY CONTACT			RELATIONSHIP				PHONE NUMBER		
ARE YOU OF LEGAL AGE TO WORK?						YES		NO	
AGE	<input type="checkbox"/>	AT LEAST 16, BUT UNDER 18 (PARENT AUTHORIZATION REQUIRED)							
	<input type="checkbox"/>	AT LEAST 18, BUT UNDER 21							
	<input type="checkbox"/>	AT LEAST 21, BUT UNDER 70							
	<input type="checkbox"/>	AT LEAST 70							
AVAILABILITY									
<input type="checkbox"/>	<input type="checkbox"/>	CAN	<input type="checkbox"/>	CANNOT	WORK ON SATURDAYS				FOR OTHER THAN RELIGIOUS REAS
<input type="checkbox"/>	<input type="checkbox"/>	CAN	<input type="checkbox"/>	CANNOT	WORK ON SUNDAYS				
<input type="checkbox"/>	<input type="checkbox"/>	CAN	<input type="checkbox"/>	CANNOT	WORK NIGHTS OR EVENINGS				
EDUCATION - EXPERIENCE									
CIRCLE YEAR COMPLETED									
1	2	3	4	5	6	7	8	9	10 11 12
COLLEGE			YRS		DEGREE			FIREFIGHTER	
								EMT	
								PARAMEDIC	
								NURSE	
OTHER:									
AGENCY:									
ADDRESS:									
CITY:					STATE:			ZIP:	
SUBJECTS STUDIES - SPECIAL SKILLS OR TALENTS (OPTIONAL)									
US MILITARY SERVICE BRANCH:									
MILITARY SPECIALTIES (OPTIONAL)									
HAVE YOU EVER BEEN CONVICTED OF A FELONY?						YES		NO	
IF YES, PLEASE PROVIDE PLACE, YEAR, AND OFFENSE:									

PERSONNEL PROMOTIONAL RULES & REGULATIONS

EMPLOYMENT RECORD			
BEGIN WITH YOUR PRESENT OR LATEST EMPLOYER			
COMPANY NAME	YOUR JOB TITLE	DATES (FROM MM/YYYY TO MM/YY)	
COMPANY ADDRESS	SUPERIORS NAME	TITLE	
CITY	STATE	ZIP	COMPANY PHONE NUMBER
MY DUTIES AND RESPONSIBILITIES INCLUDED:			
REASON FOR LEAVING:			
COMPANY NAME	YOUR JOB TITLE	DATES (FROM MM/YYYY TO MM/YY)	
COMPANY ADDRESS	SUPERIORS NAME	TITLE	
CITY	STATE	ZIP	COMPANY PHONE NUMBER
MY DUTIES AND RESPONSIBILITIES INCLUDED:			
REASON FOR LEAVING:			
COMPANY NAME	YOUR JOB TITLE	DATES (FROM MM/YYYY TO MM/YY)	
COMPANY ADDRESS	SUPERIORS NAME	TITLE	
CITY	STATE	ZIP	COMPANY PHONE NUMBER
MY DUTIES AND RESPONSIBILITIES INCLUDED:			
REASON FOR LEAVING:			
COMPANY NAME	YOUR JOB TITLE	DATES (FROM MM/YYYY TO MM/YY)	
COMPANY ADDRESS	SUPERIORS NAME	TITLE	
CITY	STATE	ZIP	COMPANY PHONE NUMBER
MY DUTIES AND RESPONSIBILITIES INCLUDED:			
REASON FOR LEAVING:			
GIVE THE NAME AND PHONE NUMBERS OF REFERENCES (OTHER THAN RELATIVES)			
1.			PHONE #
2.			PHONE #
3.			PHONE #
READ THE FOLLOWING AND SIGN BELOW			
I UNDERSTAND THAT IF ANY OF THE INFORMATION SUPPLIED HEREIN IS FOUND TO BE FALSE THAT I MAY BE DISCHARGED. THE AGENCY RESERVES THE RIGHT TO ACCEPT YOUR APPLICATION AND START USING YOUR SERVICES SUBJECT TO CLEARANCE FROM A BACKGROUND CHECK AND VERIFICATION OF AND BY YOUR REFERENCES.			
APPLICANTS SIGNATURE			DATE

PERSONNEL PROMOTIONAL RULES & REGULATIONS



CORVALLIS RURAL FIRE DISTRICT Medical Examination for Membership

PERSONAL INFORMATION											
LAST NAME				FIRST NAME				PHONE NUMBER			
CURRENT MAILING ADDRESS:								DATE OF BIRTH			
CITY				STATE				ZIP			
MEDICAL EXAMINATION HISTORY											
Have you had any trouble with or the following diseases or conditions?											
Heart	YES	NO	Epilepsy	YES	NO	Vision	YES	NO			
Kidney-Urinary	YES	NO	Mental Disorders	YES	NO	Hearing	YES	NO			
Lung-Asthma	YES	NO	Nervous System	YES	NO	Hernia	YES	NO			
Tuberculosis	YES	NO	Gastro Intestinal	YES	NO	Back	YES	NO			
Diabetes	YES	NO	Allergies	YES	NO	Ulcers	YES	NO			
Explain Any Yes Answers:											
What serious illnesses, accidents, injuries, or operations have you had?											
List any government, insurance compensations, or disability awards you have received?											
I hereby certify that the above answers are full, complete, and true to the best of my knowledge:											
SIGNATURE:								DATE			
PHYSICAL EXAMINATION - TO BE FILLED OUT BY PHYSICIAN											
"D"	Weight		Pulse		Blood Pressure						
	Corrected	R	L	Corrected	R	L					
Head, Neck, Throat, Nose, Eyes, and Ears - Findings:											
Lung Findings:											
Heart	Size:	Rhythm:		Murmurs:							
Abdomen	Tenderness:		Masses								
Inguinal Region	Right	Left									
Spine	Motion		Curvature:								
Extremities	Limited-Impaired	YES	NO	Defect-Deformities-Varicose Veins				YES	NO		
Nervous System	Pupils	Knee Jerks		Romberg		Tremors		Gout			
Urinalysis	Albumin:		Sugar:								
Physicians Opinion		OK of Arduous Duty		YES	NO	Capable of Modified Duty		YES	NO		
Limitations, Remarks, or Recommendations				None		SEE REVERSE FOR COMMENTS					
PHYSICIANS SIGNATURE								DATE			
TO BE COMPLETED BY THE FIRE CHIEF											
I do hereby certify that the above named individual became an active member of the Corvallis Rural Fire District on the membership given and at the time, to the best of my knowledge and belief, was in sound health and physically capable of performing the duties or her assignment.											
FIRE CHIEF'S SIGNATURE								DATE OF MEMBERSHIP			