

Columbus Rural Fire District #3

PO Box 285

Columbus Mt 59019

Phone: (406)322-4302

Email: njacobs@columbusfirerescue.com

Application for Firefighter/Medic

INDIVIDUAL DATA				
Last	First	MI	Date of Application	Email
Address		City	State	Zip Code
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Work Phone	Cell Phone	
Emergency Contact Name	Phone	Relationship		
Are there currently any criminal charges pending against you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or felony?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____ <i>All accepted volunteers/employees must complete a criminal background check and a credit history report.</i>				
Have you resided in another State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when <u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> and where: _____ I _____ City State				

DRIVER INFORMATION	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of license held:
Driver's License#: _____	D Operator
State: _____	D Commercial Operator
Date Expires: <u> </u> / <u> </u> / <u> </u>	D Chauffer
How many years have you been driving? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 2-3 years <input type="checkbox"/> Over 3 years	
Do you have any restrictions on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
Have you had any moving violations (excluding parking tickets) or accidents in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document below	
Month/Year	Description of Violation

EMPLOYMENT EXPERIENCE

Start with your present or last job, not to exceed the past seven years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT.

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employer:	Dates Employed From: ___/___/___ To: ___/___/___		
Address	City	State	Zip Code
Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Last Job Title:	Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other			
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Address	City	State	Zip Code
Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Last Job Title:	Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other			
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Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other			

EDUCATION

Are you attending school now? Yes No Course of Study:

High School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
College	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
Bus. or Trade School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
Graduate Studies	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major

ORGANIZATIONS/HOBBIES/INTERESTS

List any hobbies, special areas of interest and other volunteer positions

RELATED EXPERIENCE

Have you ever volunteered on a fire department before? Yes No

Name	City/State	Phone Number	Chief Officer

Please describe past fire and/or EMS training:

List current certifications (FF1, EMT-B, etc.)

ADDITIONAL INFORMATION

How did you learn about the Columbus Rural Fire District?

Why do you want to become a member of the Columbus Rural Fire District?

Do you know anyone who has or is currently serving with the Columbus Rural Fire District? Yes No

If yes, name of person:

PERSONAL CHARACTER REFERENCES

Name	Phone #
City State Zip Code	Occupation: Relationship:
Name	Phone #
City State Zip Code	Occupation: Relationship:
Name	Phone #
City State Zip Code	Occupation: Relationship:

MILITARY SERVICE RECORD

Were you in the Armed Forces? Yes No If yes, what branch? _____
Date(s) of Duty? ___/___/___ to ___/___/___
Rank and Status current or at time of discharge _____
List any special training obtained:

HEALTH

Have you reviewed the position description for which you are applying? Yes No
Do you have any conditions (physical or mental) that may affect your performance as volunteer/employee in any way?
 Yes No If yes, please describe:

Are you capable of performing in a reasonable manner the essential functions of the position, with or without a reasonable accommodation? Yes No

APPLICANT'S STATEMENT – ACKNOWLEDGEMENT - AGREEMENT

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for denying volunteer membership.

I understand that neither the acceptance of this application nor the subsequent entry into any type of relationship with the Columbus Rural Fire District creates an actual or implied contract of employment. I understand that if I accept a position it will be on a volunteer basis. This means that either Columbus Rural Fire District or I have the right to terminate the relationship at any time, for any reason, with or without cause.

I authorize the Fire Departments to investigate information concerning my education, employment experiences and

all other aspects of my background relevant to my proposed volunteer position. I release the Columbus Rural Fire District and its members from all liability arising from such investigation.

My signature indicates that I have read, understand and agree to all of the above.

Signature of applicant: _____

Date: ____ / ____ / ____

***Non-Discrimination: The Columbus Rural Fire District does not discriminate on the basis of age, race, color, national origin, sex, sexual preference, marital status, creed, or political belief, mental or physical handicap or disability, or status as a disabled veteran in its employment/volunteer policies and practices.**

OFFICE USE ONLY

Application received: ____ / ____ / ____

Date of Interview: ____ / ____ / ____

Interview Team:

Date accepted: ____ / ____ / ____

Date rejected: ____ / ____ / ____

NOTES

IF APPLICANT IS ACCEPTED - FILL IN THE BELOW INFORMATION:

Date of Birth:

SSN: