

206 Buck Street - Stevensville, MT 59870

STEVENSVILLE RURAL FIRE DISTRICT

P.O. Box 667 - Stevensville, MT 59870

APPLICATION



Notice To Applicants

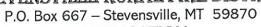
It is the policy of the Stevensville Fire Department (SFD) and Stevensville Rural Fire District (SRFD) to consider applicants for all positions without regard to race, color, religious beliefs, creed, sex, national origin, age, marital, or veteran status, political beliefs, genetic information, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the SFD & SRFD.

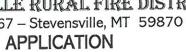
Name:			Birthdat	e:	Age:
Last	· First	Middle			
Address:	nber & Street	City,	/County	State	Zip Code
	lived at this recide	2020	essary) – includ	e how long you	lived at each additional residence.
				I Phone:	
				en? Yes/No l	_egal Resident? Yes/No
		Disadelie			STATE:
	PLEASE P	ROVIDE A COPY OF Y	OUR CURREN	T DRIVER'S LIC	STATE: ENSE S OF APPLICATION**
Have you worke If Yes, please give	d for the Stevensvil ve dates and positio	le Fire/Rural Departm	nent before?	Yes to	/ No
		What Positions A	re You App	lying For?	一人。秦杨阳然是唐蒙
Ope Firefighter Engineer Wildland Firef EMS - Medical	/ /// /	Fund Raising/Ma SCBA/Air Suppor Video/Photograp Apparatus Projec Equipment/Vehi Other:	t ohy cts cle/Station N		On-scene re-hab/Help IC Staging/Water Supply Station Projects



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	Education, ⁷	Training, and Special	Skills	
Type of School:	Name and Location:	Did you Graduate?	GPA:	Major:
HIGH SCHOOL		YES / NO		
TRADE SCHOOL OR JUNIOR COLLEGE		YES / NO		
COLLEGE OR UNIVERSITY		YES / NO		
GRADUATE SCHOOL		YES / NO	-	
Type of Certification:	Firefighting ,	/ EMS Training / Expe	erience Where Training w	vas Completed
Type of Certification.	Cort. Bate.	2.1		
				
	_			
	· FMC Departure	t	Yes / No	
If yes, name department Address:	vious Fire or EMS Departme ent:			
Supervisor/ Contact n	name/ Number:			
Type of Department:	(Circle One) Paid	Volunteer	Combination	



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Employment Information

List Below your work experience, paid or unpaid, beginning with your present, or most recent last two employers. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the position for which you are applying. You must complete this section of the application form. For more room than what is provided here, feel free to attach additional sheets.

Employer:	Phone Number:
Address:	_ Start Date:
Supervisor Name And Phone Number:	
May we contact this employer? (Circle One)	Yes / No
Title and Position:	
Duties and Responsibilities:	
Employer:	Phone Number:
	Start Date:
Supervisor Name And Phone Number:	
May we contact this employer? (Circle One)	Yes / No
Title and Position:	
Duties and Responsibilities:	



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Personal References

Occupation / Title: _______Years Known: ______

Contact Name: _____ Phone Number: _____



Do not include any family members or people who live with you. Contact Name: _____ Phone Number: _____ Current Address: _____ Years Known: _____ Contact Name: ____ Phone Number: _____ Current Address: _____

Occupation / Title: ______ Years Known: ______ Years Known: _____ (Attach a separate sheet if more room is needed.)

Current Address:



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Pre – Interview Questionnaire (Circle Yes/No)

1)	Do you have any commitments or responsibilities that might prevent you from meeting the job requirements for the position you are applying for? Yes / No If yes, please explain:
	11 yes, p.ease e.p.a
	Do you have any relatives who are currently active members of Stevensville Fire? Yes / No If yes, who?
3)	Have you previously applied for this or any other position with Stevensville Fire? Yes / No If yes, when?
4)	This department realizes the committal of resources necessary to remain a proficient volunteer, therefore, we must request your anticipated length of service to the Fire Department:
5)	How long have you lived in Stevensville? Ravalli County?
6)	How much time can you commit to the Fire Department?
7)	Proficiency is maintained by attending training and responding to calls. The current minimum training hour requirements are listed in the department SOP's (30 hours annually), however proficiency may require significantly more hours than those listed. We do expect you to attend all the training drills and meetings, as well as any special training needs the position for which you are applying requires. Are you willing to commit sufficient time to maintain this proficiency? Yes / No
8)	Are there times when you may not be able to respond to calls? Yes / No If yes, please explain:



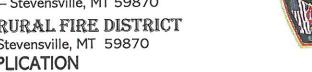
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Pre – Interview Questionnaire

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Yes / No

(Circle Yes/No) 9) Please describe your present physical condition: 10) Do you suffer from any Heart, Back, Respiratory, Mental or other health conditions that would impair or limit your ability to perform the duties of the position for which you are applying? Yes / No If yes, please explain: 11) Please explain why you want to volunteer with Stevensville Fire? 12) Do you have any special interests or goals that could be met by joining Stevensville Fire? 13) What special talents, interests or skills do you have that would be beneficial to our Stevensville Fire? 14) Do you have any mechanical, electrical, or other specialized work experience? Yes / No If yes, please explain: 15) Do you have any truck driving experience or possess a Montana CDL? Yes / No If yes, please explain: ______ 16) Can you be available for the following meeting and training times? Yes / No First and fourth Thursday of each month (Fire) 7:00 – 10:00 Yes / No Third Monday of each month (EMS / QRU) 7:00 - 10:00

Second Thursday of each month (Company Training) 7:00 - 10:00

If no, please explain:



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Emergency Contact Information

1. Emergency Contact:			
Las		First	M.I.
Primary Phone:	Alternate Phone:		
\$2.00 (\$2			
Kelationship.	-		
2. Emergency Contact:			
Las		First	M.I.
Primary Phone:	Alternate Phone:		
Relationship:			
Alternate Contacts:		Phone #:	
		Phone #:	
Hospital Preference:			
Primary Doctor:			



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ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, omission of information may be ground for refusal to hire or if already accepted, termination.

I understand that I will be required to sign an authorization to release information if I am being considered for employment.

I understand that, if employed by the Stevensville Fire Department (SFD) and Stevensville Rural Fire District (SRFD), I will be required to provide proof of my identity and the legal right to work in the United States within 3 business days of the date employment begins, to verify my employability in compliance with federal law.

If offered employment with the SFD/SRFD, I understand that I must comply with all Department policies, rules and procedures.

I understand I will, if hired, be provided a physical exam to determine my physical fitness. The SFD/SRFD will receive a "Yes/No" from Department Doctor. Applicant will receive all medical findings.

I understand that a background check will be completed.

SIGNATURE OF APPLICANT DATE	



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Privacy Waiver:

I,, have applied for a job as a	with the
Stevensville Fire Department/Stevensville Rural Fire Department	ent, Stevensville, Montana. I hereby
waive my right to privacy for this hiring. I fully understand the	Stevensville Fire Department
/Stevensville Rural Fire Department is going to complete a ba	ckground investigation on my
employment history including attendance and disciplinary acti	ons, schools or academic history,
criminal and driving history, and possible a credit history as de	etermined necessary by the Fire Chief,
Mayor or District Board.	6
I authorize any agent, investigation, or duty accredited repres	entative of the Fire Chief for the
Stevensville Fire Department/Stevensville Rural Fire Department	
investigation to collect such material.	ent assigned to conduct background
my socigation to solicot saon material.	
I further authorize the Stevensville Fire Department/Stevensv	ille Rural Fire Department to disclose
the information gathered during my background investigation	to any representative of the hiring
committee for the Stevensville Fire Department/Stevensville F	Rural Fire Department for the purpose of
determining my hiring eligibility.	
I authorize and auto-diagrams of a soul and	
I authorize any custodian of records or source information per	
information upon request of the Stevensville Fire Department	
the purpose of this hiring process. I understand that the information for determining my hiring status.	flation gathered will be for official use
nor determining my ming status.	
I hereby state that copies of this form, showing my signature a	are valid.
	and the state of t
Name	Date

Ravalli County Sheriff's Office 205 Bedford Street, Suite G Hamilton, MT 59840



Stephen Holton, Sheriff
Jesse Jessop, Undersheriff

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant	
Date of Birth	
Social Security Number	
I am required to undergo a background investigation for use suitability to be a volunteer fire fighter. I realize that this C provided to them to any person, including myself. The in confidential and will be used only for investigation of suitable	Office will NOT release the information formation submitted to this Office is
Signature of Applicant	Date