



**STEVENSVILLE FIRE DEPARTMENT**  
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: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number & Street City/County State Zip Code*

How long have you lived at this residence? \_\_\_\_\_  
Previous addresses in last five years: (Use extra page if necessary) – include how long you lived at each additional residence.

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ US Citizen? Yes/No Legal Resident? Yes/No

Maiden Name: (If Applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ STATE: \_\_\_\_\_

**\*\*\*PLEASE PROVIDE A COPY OF YOUR CURRENT DRIVER'S LICENSE\*\*\***

**\*\*MUST HAVE A VALID MONTANA DRIVER'S LICENSE WITHIN 3 MONTHS OF APPLICATION\*\***

Have you worked for the Stevensville Fire/Rural Department before? Yes / No

If Yes, please give dates and position:

Position: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**What Positions Are You Applying For?**

**Operations:**

Firefighter  
Engineer  
Wildland Firefighting  
EMS - Medical

**Support:**

Fund Raising/Marketing  
SCBA/Air Support  
Video/Photography  
Apparatus Projects  
Equipment/Vehicle/Station Maintenance  
Other: \_\_\_\_\_

On-scene re-hab/Help IC  
Staging/Water Supply  
Station Projects



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**Education, 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	_____	_____

**Firefighting / EMS Training / Experience**

Type of Certification:	Cert. Date:	Expire Date:	Where Training was Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any previous Fire or EMS Department experience?

Yes / No

If yes, name department: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor/ Contact 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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**Personal References**

Do not include any family members or people who live with you.

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Occupation / Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Occupation / Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Occupation / Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

*(Attach a separate sheet if more room is needed.)*



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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: \_\_\_\_\_  
\_\_\_\_\_
- 2) 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: \_\_\_\_\_ (Estimated Time)
- 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**  
(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?  
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 **Yes / No**  
Second Thursday of each month (Company Training) 7:00 – 10:00 **Yes / No**

If no, please explain: \_\_\_\_\_



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Emergency Contact Information

1. Emergency Contact: \_\_\_\_\_  
*Last First M.I.*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_  
*Last 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.

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SIGNATURE OF APPLICANT

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DATE





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**Privacy Waiver:**

I, \_\_\_\_\_, have applied for a job as a \_\_\_\_\_ with the Stevensville Fire Department/Stevensville Rural Fire Department, 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 background investigation on my employment history including attendance and disciplinary actions, schools or academic history, criminal and driving history, and possible a credit history as determined necessary by the Fire Chief, Mayor or District Board.

I authorize any agent, investigation, or duty accredited representative of the Fire Chief for the Stevensville Fire Department/Stevensville Rural Fire Department assigned to conduct background investigation to collect such material.

I further authorize the Stevensville Fire Department/Stevensville 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 Rural Fire Department for the purpose of determining my hiring eligibility.

I authorize any custodian of records or source information pertaining to me, to release said information upon request of the Stevensville Fire Department/Stevensville Rural Fire Department, for the purpose of this hiring process. I understand that the information gathered will be for official use for determining my hiring status.

I hereby state that copies of this form, showing my signature are valid.

\_\_\_\_\_  
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 in determining my qualifications and suitability to be a volunteer fire fighter. **I realize that this Office will NOT release the information provided to them to any person, including myself.** The information submitted to this Office is confidential and will be used only for investigation of suitability for a first responder position.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_