CLINTON RURAL FIRE DISTRICT

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Name: _____

Address: _____

Telephone: Home (____)-____-_____ Cell (____)-____-_____

Email: _____

Age: ____ Date of Birth: _____

EDUCATION & TRAINING:

High School Graduate? _____ Yes _____ No if no GED? _____

High School Name: _____

Highest Level of Education Completed: _____

Have you ever been certified at any level of Emergency Care? _____

At What level: _____ Is your Certification current: _____

Date certified: _____

National Registry: ____ Yes _____ No

Registry Number: _____

Montana State License: ____Yes ____No

Montana State license number: _____

HAVE YOU EVER HAD STRUCTURE FIREFIGHTER I OR II CERTIFICATION? ____YES _____NO

IF YES:

Date Certified ____ /____ /____

IFSAC Accreditation ____ YES ____NO

HAVE YOU EVER HAD WILDLAND FIREFIGHTER I OR II CERTIFICATION?

____ YES ____ NO

IF YES:

Date Certified ____ /____ /____

NWCG Accreditation ____ YES ____ NO

Please describe any other education, qualifications, trainings, skills, or experience that you possess that are relevant to the Fire Service:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EMPLOYMENT HISTORY:

CURRENT OR MOST RECENT EMPLOYER:

_____

Address: _____

Job Title: _____

From: _____ / _____ To: ____ /____

Full Time _____ Part Time _____ Paid _____ Volunteer _____

Supervisor's Name: _____ Phone _____- _____-_____

May we contact this employer? _____Yes _____ No

PREVIOUS EMPLOYER:

_____

Address: _____

Job Title: _____

From: _____ /_____ To: _____ /_____

Full Time _____ Part Time _____ Paid _____ Volunteer _____

Supervisor's Name: _____ Phone _____-_____-_____

May we contact this employer? _____ Yes _____No

PROFESSIONAL REFERENCES:

List three references:

1) Name _____ Phone _____-_____-_____
2) Name _____ Phone _____-_____-_____
3) Name _____ Phone _____-_____-_____

CONVICTIONS:

Misdemeanor or Felony convictions after your 18th birthday? Do not include minor traffic violations or arrests without convictions. _____ Yes _____ No

IF YES:

Date ____ /____ /____ Offense: _____

State / City _____ Disposition _____

Use additional sheets of paper for multiple convictions.

MILITARY EXPERIENCE:

Branch: _____ Discharged _____Yes _____No

AUTHORIZATION:

In submitting this application with my social security number, I authorize investigation of all information provided. It is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in this application being denied. By my signing below I verify that information provided is true and correct and if found to be false or facts omitted it will be grounds for the disqualification and if found later is grounds for dismissal from the Fire District. I agree to notify the Fire District if convicted of a misdemeanor or felony. I certify that I have read this entire application and that the information I have provided above is true and correct.

Signature: _____ Date ____ /____/ ____

Social Security Number _____ /_____ /_____