



Application for MRFD Resident Firefighter

We welcome you as a Resident Firefighter Applicant. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of Missoula Rural Fire Department to provide equality in opportunity in employment of all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age in all aspects of our personnel policies programs practices and operations. This policy applies to all phases of full, part time, temporary and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible affiliation by Missoula Rural Fire Department.

Why do you want to become a Resident Firefighter for Missoula Rural Fire District?

What date would you become available? _____

Last Name: _____

First Name: _____ **Middle Name:** _____

Physical Address: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Social Security Number: ____/____/____

Email Address: _____

Name of any relatives associated with Missoula Rural Fire District.

Drivers License # _____ Commercial yes no

Birth Date ____/____/____ Over 18 years old yes no

Male Female

Military Service yes no Type of Discharge _____

Highest Level of High School Education Completed: 9 10 11 12

Name and Location of High School Attended: _____

GED yes no

Highest Level of College Education Completed: 13 14 15 16 17 18

Name and Location of College Attended: _____

Other Schools attended: _____

Fire Service Experience: _____

Emergency Medical Experience: _____

Please Attach Copies of All Fire Service Related certifications.

Work History

Please Provide Information on Past and Present Employers.

Name	Address	Phone # and Contact Person	Month/Year
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:

References

Please Provide the Names, Addresses, Phone Numbers and Relationship of three.

Name	Address	Phone #	Relationship

Have you ever been convicted of a felony? yes no

If yes please explain: _____

Are you a resident of Missoula Rural Fire District? yes no

Are you a resident of Missoula County? yes no

Are you a United States citizen? yes no

The Fire Service places great demands and requires you to carry, lift, climb, crawl, stoop, and bend. Do you have any limitations that would prevent you from performing these duties? yes no

If yes, please explain: _____

Have you ever received Workers Compensation? yes no

If yes, please explain: _____

Do you have any special requirements or needs that would need to be met by Missoula Rural Fire District as a Resident Firefighter? _____

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize the Missoula Rural Fire District to make any necessary and appropriate investigations to verify the information contained herein.

Signature _____ Date ____/____/_____