

NAME \_\_\_\_\_

DATE APPLICATION COMPLETED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_  
*To be completed by CCRFD*

ASSIGNMENT \_\_\_\_\_  
*To be completed by CCRFD*





# CANYON CREEK RURAL FIRE DISTRICT

7560 Duffy Lane Canyon Creek, Montana 59633  
(406)368-2266 · www.canyoncreekruralfire406.org

## PERSONAL INFORMATION

Name \_\_\_\_\_

Are you at least 18 years of age or older?  Yes  No

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Years at present address? \_\_\_\_\_ If less than 2 years at present address, list previous address:

(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you ever received a moving violation?  Yes  No

Is so, please explain \_\_\_\_\_

Have you every been convicted of a criminal offense? \_\_\_\_\_

Is so, please explain \_\_\_\_\_

Automobile Insurance Carrier \_\_\_\_\_

(Company) (Agent) (Coverage/limits of liability)

## EDUCATION

### GED

#### High Shool

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

#### Vocation/Trade School

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

#### College/University

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

## MILITARY

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Dates: \_\_\_\_\_

Occupation: \_\_\_\_\_

## RELATED EXPERIENCE

Have you ever served on a fire district/department?  Yes  No

Is Yes, list district/department \_\_\_\_\_

(Name) (City/State) (Phone #) (Chief Officer)

Size of department \_\_\_\_\_ Volunteer  Combo  Paid

List Previous fire service training \_\_\_\_\_

Do you hold a current Montana EMT License?  Yes  No If yes: \_\_\_\_\_  
(License Number) (Exp. Date)

List any other fire service/EMS/rescue related training \_\_\_\_\_

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc. \_\_\_\_\_

**JOB HISTORY**

Employer/Address/Phone (Current employer first ) \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What are your current hours? \_\_\_\_\_

Would you be able to respond from work?  Yes  No

Employer/Address/Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer/Address/Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer/Address/Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**HEALTH**

The position of Firefighter is a physically demanding position including the ability to climb ladders, crawl in confined spaces, and wear safety equipment weighing up to 75-80 lbs. and perform strenuous activities for long periods of time. Can you perform the essential functions of the position for which you are applying?  Yes  No

Do you have any back, heart or respiratory problems that would inhibit you from performing the duties of the position for which you are interviewing?  Yes  No

**REFERENCES**

List three references you have known for at least two years. Do not list relatives or former employers.

Name/Address	Day Phone/Evening Phone	Years known
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**ADDITIONAL INFORMATION**

How did you learn about Canyon Creek Rural Fire District?

Why do you wish to become a member of this organization and why do you feel you would be an asset to the Canyon Creek Rural Fire District?

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**CONSENT/SIGNATURE**

*I testify that all information contained within this application is true to the best of my knowledge. I understand that the Canyon Creek Rural Fire District will verify all information contained within this application and perform the following reference checks : Driver's License Record Check and Criminal Background Check. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal. I understand that neither the acceptance of this application by the District nor any statements of the District confer or create any contractual rights of employment.*

\_\_\_\_\_  
Applicant Signature

**Please attach a copy of your driver's license and a copy of verification of auto insurance to this application.**