NAME _____

DATE APPLICATION COMPLETED _____

DATE RECEIVED _____

*To be completed by CCRFD*

ASSIGNMENT _____

*To be completed by CCRFD*

CANYON CREEK FIRE RESCUE
CCRFD
RURAL FIRE DISTRICT
MONTANA

# 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 perfrom strenious 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 respitory 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

## 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 to the Canyon Creek Rural Fire District?

## 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 wtihin this application and perform the following reference checks : Driver's License Record Check and Criminal Background Check. I understand misrepresentation or ommission 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.**

# REQUEST FOR CRIMINAL RECORD CHECK

PLEASE PRINT OR TYPE.

## GENERAL INFORMATION

| **APPLICANT'S** LAST NAME | FIRST | MIDDLE | JR / SR |
|---|---|---|---|
| | | | |

| **MAIDEN / ALIAS** LAST NAME | FIRST | MIDDLE | JR / SR |
|---|---|---|---|
| | | | |

| SEX | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY NUMBER | RACE |
|---|---|---|---|
| ☐ MALE ☐ FEMALE | | | ☐ BLACK ☐ INDIAN ☐ OTHER ☐ WHITE ☐ ASIAN |

| ADDRESS STREET - P.O. BOX | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |