

FLORENCE RURAL FIRE DISTRICT





Florence Rural Fire District

P. O. Box 340, Florence, MT 59833

Volunteer Firefighter Application Form

Name: Last _____ *First* _____ *MI* _____

Address: _____ City: _____ State: _____

Zip: _____

Contact Numbers:

Home: _____ Work: _____ Cell: _____

Email address: _____

SS# _____ Date of Birth: _____

Are you at least 18 years old? YES NO

EDUCATION

High School attended: _____ Year graduated _____

If you did not graduate from High School, do you have a GED? _____ if so, year GED was issued: _____

FIRE/RESCUE/EMS EXPERIENCE OR NONE

Agency: _____ City/State: _____

Highest Rank: _____ Assignment: _____

After showing you the job description for a volunteer firefighter, do you know of any reason why you could not perform this work? YES NO

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Volunteer Firefighter Application continued

Do you have any medical conditions that would prevent you from doing the physically demanding work of fire fighting? Yes No

Have you had a complete DOT physical exam within the last two years? YES NO

List any allergies: _____

Date of Last Tetanus Shot: _____

Do you have a current driver's license: YES NO

if yes: DL# _____ State _____

Do you have a vehicle that you can drive to training sessions and emergencies? YES NO

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities?

YES NO if yes: Insurance Company: _____

Has your drivers license been suspended or revoked within the past 7 years? YES NO

If yes, Why: _____

If yes, is your license still suspended or revoked? YES NO

Do you have any felony convictions or DUI violations? YES NO

If yes, please explain: _____

Are you now or have you ever been required to register as a sex offender? YES NO

Are you now or have you ever been required to register as a violent offender? YES NO

Do we have your permission to run a background check? YES NO

Are you willing to submit to a drug test? YES NO

In Case of Emergency, Notify: _____ Relationship: _____

Phone: _____

I certify that all statements/answers provided on this form are true and accurate. I consent to the release of any information required to verify this information. I agree that I will obey all laws, rules and regulations and policies, and follow the operational guidelines as prescribed by the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability during this probationary period.

Signed: _____ Date: _____

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RELEASE AND WAIVER

Please read carefully and initial each paragraph before signing.

By signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration, and may be justification for dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust. _____Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any.) I understand that the District may request an investigative consumer report from a consumer-reporting agency that includes information as to my character. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency, so that I am obtaining a complete disclosure of the nature and scope of the investigation. _____Initials

I authorize any person or school, to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and release such persons and organizations from any legal liability in making such statements. _____Initials

I understand that if my volunteer status is terminated by the District for dishonesty, breach of trust, or any criminal acts, authorities may be notified and I may be criminally prosecuted. _____Initials

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from volunteer status. I understand that any offer of a Firefighter Volunteer position will be contingent upon obtaining basic firefighter skills, and one year probation with possible extension of probation.

In consideration of my appointment, I agree to conform to the rules and regulations of the District. I certify that I have read all of this application and that the information I have provided above is true and correct.

An incomplete application will not be considered.

Signature: _____ Date: _____

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RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to the Florence Rural Fire District any documents or information that it may request. I have authorized Florence Rural Fire District to inquire concerning my background in connection with an application to be a volunteer for the District. I agree to hold you and your agents and employees harmless from all liability that could relate in any way to the disclosure of private information or any assessments or opinion of my suitability as a volunteer that may be provided.

Signature: _____ Date: _____

I understand that this application does not, by itself, create a contract of employment, and that my membership in the Fire Department is not for a definite period of time, and may, unless otherwise prohibited, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in the Application Form.

Signature: _____ Date: _____