

VOLUNTEER FIREFIGHTER APPLICATION
FERNDALE VOL. FIRE DEPT.
100 FERNDALE DRIVE
BIGFORK, MT 59911

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status.

GENERAL INFORMATION

Date _____ Social Security Number _____

Last Name _____ Initial _____ First _____

Address _____ City, State _____ Zip _____

Phone Number _____ Alternate Number _____

Date of Birth _____ Age _____ City of Birth _____

Drivers License Number _____ State _____ CDL _____

EMPLOYMENT HISTORY

Current Employer _____ Phone Number _____

Address _____ City, State _____

Previous Employer _____ Phone Number _____

Address _____ City, State _____

REFERNCES

Please List three references who have knowledge of your work experience, ethic and ability

Name _____ Address _____ Phone _____

SKILLS

Please list all skills, abilities, training, etc. That you feel would assist you in qualifying for the position

Have you been a member of any other fire departments? _____ If yes please list

Department City, State Contact Phone Number

Do you have any physical, mental and or medical impairment that would limit your job performance? If yes, please explain _____

Have you ever pleaded guilty, or nolo contendere (no contest) to or been convicted of any felony or a misdemeanor involving moral turpitude, regardless of the disposition of the case (e.g. probation, deferred adjudication, etc) Yes _____ No _____ If yes please explain

I certify that all of the information provided by me in this application is true and correct, and I understand that any misstatement, falsification, or omission of information is grounds for refusal of hire, or if hired termination, regardless of when found.

I authorize any of the persons or organization in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to you. I also authorize this origination to obtain any consumer reports, including investigative consumer reports that it deems necessary in evaluating my application.

I authorize this origination to request, receive, and verify all information given on this application.

Applicant Signature

_____/_____/_____
Date