



Polson Volunteer Fire Department

We Welcome You as a Volunteer Firefighter Applicant.

(PLEASE PRINT)

INDIVIDUAL DATA

Name:	Last	First	Middle Initial	Social Security No.	Date of Application
Address	City			State	Zip Code
Home Phone:				Alternate Phone:	
Are there currently any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
(Arrest or conviction will not necessarily disqualify an applicant from employment unless the pending charge(s) or conviction(s) substantially relates to the circumstances of the particular job for which you are applying.)					
Have you resided in another State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when ___/___/___ to ___/___/___ and where;					
_____ / _____					
City			State		

EDUCATION

Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No Course of Study:					
High School	City/State			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
College	City/State			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
Bus. or Trade School	City/State			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major

MILITARY SERVICE RECORD

Were you in the Armed Forces? Yes No; If yes, what branch? _____

Date(s) of Duty? ___/___/___ to ___/___/___; Rank and Status current or at time of discharge: _____

List any special training obtained:

Have you taken any training under the G.I. Bill of Rights? Yes No; If yes, please explain in detail.

EMPLOYMENT EXPERIENCE

Start with your present or last job, not to exceed the past seven years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employer				Dates Employed From: ___/___/___ To: ___/___/___	
Address		City	State	Zip Code	Hourly Rate/Salary Start: Final:
Phone Number:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other					
Employer				Dates Employed From: ___/___/___ To: ___/___/___	
Address		City	State	Zip Code	Hourly Rate/Salary Start: Final:
Phone Number:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other					
Employer				Dates Employed From: ___/___/___ To: ___/___/___	
Address		City	State	Zip Code	Hourly Rate/Salary Start: Final:
Phone Number:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other					

NOTE TO APPLICANTS

Are you capable of performing in a reasonable manner the essential functions of the job, with or without a reasonable accommodation?

Yes No

APPLICANT'S STATEMENT – ACKNOWLEDGEMENT - AGREEMENT

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for refusal.

I understand that neither the acceptance of this application nor the subsequent entry into any type of relationship with Polson Volunteer Fire Department creates an actual or implied contract of employment. I understand that, if I accept it will be on a volunteer basis. This means that either Polson Volunteer Fire Department or I have the right to terminate the relationship at any time, for any reason, with or without cause.

I authorize Polson Volunteer Fire Department to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed appointment. I release Polson Volunteer Fire Department and its employees from all liability arising from such investigation.

The City/ District has a stringent Drug and Alcohol policy that will be strictly adhered to. There are federal laws in place to protect the privacy of our customers and we must obey them. We will need to know if you have any past misdemeanors or felony charges or convictions. While this does not mean that *you will not be accepted we do need to know the circumstances and if they will have any negative impact on the fire department and its service to the district.*

My signature indicates that I have read, understand and agree to all of the above.

Signature of applicant _____

Date: ____/____/____

I authorized an investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of an interview with the interview panel, approval by the City Manager and completion of a fire department physical from the fire department physician.

The Polson Volunteer Fire Department does not discriminate based on creed, religion or gender. Minorities are encouraged to apply. The fire department from time to time may have to establish a waiting list for membership. Restraints are placed by the State of Montana on membership numbers.

If accepted by the organization with my signature below, I do agree to abide by all policies, procedures and State laws.

Signature: _____ Date: ____/____/____

If you have any questions, please contact the Office of the Fire Chief at (406) 883-8220.

Fire Department Use Only:

Date Application Received:	References Contacted:	Date of Interview:
Date of Membership:	Date of Physical:	

**Polson Volunteer Fire Department
Applicant Information Release**

To: _____

Applicant's Full Name: _____

I am an applicant for a volunteer firefighter position with the Polson Volunteer Fire Department (PVFD). In this connection, I hereby authorize any person, educational institution, previous employer, or reference I have listed in my resume, cover letter, and membership application to disclose in good faith any information they may have regarding my qualifications and fitness for membership with the PVFD. I furthermore authorize the PVFD to conduct a criminal and background check on myself due to the sensitive nature of the position for which I am applying. A photo static copy of the Authorization is considered to be a valid as the original.

If I have gone by any names other than that previously listed, I shall list all of them here:

- 1) _____ 2) _____
3) _____ 4) _____

Further, I will hold the PVFD, any employers, educational institutions and my other persons/organizations participating in this background/reference check free of liability for the exchange of this information and any other reasonable and necessary informational incident to the application/employment process.

Signed: _____ Date: ____ / ____ / ____