



STEVENSVILLE FIRE DEPARTMENT
 206 Buck Street – Stevensville, MT 59870
STEVENSVILLE RURAL FIRE DISTRICT
 P.O. Box 667 – Stevensville, MT 59870
APPLICATION



**Notice
To
Applicants**

It is the policy of the Stevensville Fire Department (SFD) and Stevensville Rural Fire District (SRFD) to consider applicants for all positions without regard to race, color, religious beliefs, creed, sex, national origin, age, marital, or veteran status, political beliefs, genetic information, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the SFD & SRFD.

Name: _____ Birthdate: _____ Age: _____
Last First Middle

Address: _____
Number & Street City/County State Zip Code

How long have you lived at this residence? _____

Previous addresses in last five years: (Use extra page if necessary) – include how long you lived at each additional residence.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Place of Birth: _____ US Citizen? Yes/No Legal Resident? Yes/No

Maiden Name: (If Applicable) _____

Social Security Number: _____ Driver's License Number: _____ STATE: _____

****MUST BE A VALID MONTANA DRIVER'S LICENSE FOR ACCEPTANCE OF APPLICATION****

Have you ever been convicted of a felony? (Circle One)	Yes / No
Have you worked for the Stevensville Fire/Rural Department before?	Yes / No
If Yes, please give dates and position:	
Position: _____	From: _____ to _____
Reason for Leaving: _____	

What Positions Are You Applying For?

<p>Operations:</p> <p>Firefighter Engineer Wildland Firefighting EMS - Medical</p>	<p>Support:</p> <p>Fund Raising/Marketing SCBA/Air Support Video/Photography Apparatus Projects Equipment/Vehicle/Station Maintenance Other: _____</p>	<p>On-scene re-hab/Help IC Staging/Water Supply Station Projects</p>
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Education, Training, and Special Skills

Type of School:	Name and Location:	Did you Graduate?	GPA:	Major:
HIGH SCHOOL	_____	YES / NO	_____	_____
TRADE SCHOOL OR JUNIOR COLLEGE	_____	YES / NO	_____	_____
COLLEGE OR UNIVERSITY	_____	YES / NO	_____	_____
GRADUATE SCHOOL	_____	YES / NO	_____	_____
MILITARY OR OTHER	_____	YES / NO	_____	_____
SEMINARS AND CLASSES	_____	YES / NO	_____	_____
FIREFIGHTING CERTIFICATIONS	_____	YES / NO	_____	_____
MEDICAL QUALIFICATIONS	_____	YES / NO	_____	_____

Firefighting / EMS Training / Experience

Type of Certification:	Cert. Date:	Expire Date:	Where Training was Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever received any Firefighting or EMS training in the past? Yes / No
 If YES, please explain: _____

Do you have any previous Fire or EMS Department experience? Yes / No
 If Yes, name department: _____
 Address: _____
 Supervisor/ Contact name/ Number: _____

Type of Department: (Circle One) Paid Volunteer Combination



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Employment Information

List Below your work experience, paid or unpaid, beginning with your present, or most recent job, back for a period of ten years. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the position for which you are applying. **You must complete this section of the application form.** For more room than what is provided here, feel free to attach additional sheets.

Employer: _____ Phone Number: _____

Address: _____ Start Date: _____

Supervisor Name
 And Phone Number: _____

May we contact this employer? (Circle One) Yes / No

Title and Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone Number: _____

Address: _____ Start Date: _____

Supervisor Name
 And Phone Number: _____

May we contact this employer? (Circle One) Yes / No

Title and Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____



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Military History

Have you ever been in the armed forces? Yes / No

Date Entered: _____

Date Discharged: _____

Highest Rank Achieved: _____

List all your military experience, including Reserves, National Guard, Merchant Marine, etc. List what nation, if other than USA.

Start Date: _____ End Date: _____

Personal References

Do not include any family members or people who live with you.

Contact Name: _____ Phone Number: _____

Current Address: _____

Occupation / Title: _____ Years Known: _____

Contact Name: _____ Phone Number: _____

Current Address: _____

Occupation / Title: _____ Years Known: _____

Contact Name: _____ Phone Number: _____

Current Address: _____

Occupation / Title: _____ Years Known: _____

(Attach a separate sheet if more room is needed.)



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ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, omission of information may be ground for refusal to hire or if already accepted, termination.

I understand that I will be required to sign an authorization to release information if I am being considered for employment.

I understand that, if employed by the Stevensville Fire Department (SFD) and Stevensville Rural Fire District (SRFD), I will be required to provide proof of my identity and the legal right to work in the United States within 3 business days of the date employment begins, to verify my employability in compliance with federal law.

If offered employment with the SFD/SRFD, I understand that I must comply with all Department policies, rules and procedures.

I understand I will, if hired, be provided a physical exam to determine my physical fitness. The SFD/SRFD will receive a "Yes/No" from Department Doctor. Applicant will receive all medical findings.

I understand that a background check will be completed.

SIGNATURE OF APPLICANT

DATE



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Pre – Interview Questionnaire
(Circle Yes/No)

- 1) Do you have any commitments or responsibilities that might prevent you from meeting the job requirements for the position you are applying for? **Yes / No**

If yes, please explain: _____

- 2) Do you have any relatives who are currently active members of Stevensville Fire? **Yes / No**
If yes, who? _____

- 3) Have you previously applied for this or any other position with Stevensville Fire? **Yes / No**
If yes, when? _____

- 4) This department realizes the committal of resources necessary to remain a proficient volunteer, therefore, we must request your anticipated length of service to the Fire Department: _____ (Estimated Time)

- 5) How long have you lived in Stevensville? Ravalli County? _____

- 6) How much time can you commit to the Fire Department? _____

- 7) Proficiency is maintained by attending training and responding to calls. The current minimum training hour requirements are listed in the department SOP's (30 hours annually), however proficiency may require significantly more hours than those listed. We do expect you to attend all the training drills and meetings, as well as any special training needs the position for which you are applying requires. Are you willing to commit sufficient time to maintain this proficiency? **Yes / No**

- 8) Are there times when you may not be able to respond to calls? **Yes / No**
If yes, please explain: _____



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Pre – Interview Questionnaire
 (Circle Yes/No)

9) Please describe your present physical condition: _____

10) Do you suffer from any Heart, Back, Respiratory, Mental or other health conditions that would impair or limit your ability to perform the duties of the position for which you are applying? **Yes / No**
 If yes, please explain: _____

11) Please explain why you want to volunteer with Stevensville Fire?

12) Do you have any special interests or goals that could be met by joining Stevensville Fire?

13) What special talents, interests or skills do you have that would be beneficial to our Stevensville Fire?

14) Do you have any mechanical, electrical, or other specialized work experience? **Yes / No**
 If yes, please explain: _____

15) Do you have any truck driving experience or possess a Montana CDL? **Yes / No**
 If yes, please explain: _____

16) Can you be available for the following meeting and training times?
 First and fourth Thursday of each month (Fire) 7:00 – 10:00 **Yes / No**
 Third Monday of each month (EMS / QRU) 7:00 – 10:00 **Yes / No**
 Second Thursday of each month (Company Training) 7:00 – 10:00 **Yes / No**

If no, please explain: _____



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Emergency Information:

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Your Birth Date: _____

Vehicle Insurance
Provider (& Policy): _____

Your: HAIR COLOR: _____ HEIGHT: _____ EYE COLOR: _____ BLOOD TYPE: _____

Spouse's Name: _____

Spouse's phone
number _____ Spouse's Work Phone: _____

Emergency Contact Information

Emergency Contact
Name: (can be the
same as spouse) _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Emergency Contacts
Employer: _____ Work Phone: _____

Alternate Contacts: _____

Please include in your application a photocopy of your driver's license or email a copy to admin@stevensvilleruralfire.com

Ravalli County Sheriff's Office
205 Bedford Street, Suite G
Hamilton, MT 59840



Stephen Holton, Sheriff
Jesse Jessop, Undersheriff

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____

Date of Birth _____

Social Security Number _____

I am required to undergo a background investigation for use in determining my qualifications and suitability to be a volunteer fire fighter. **I realize that this Office will NOT release the information provided to them to any person, including myself.** The information submitted to this Office is confidential and will be used only for investigation of suitability for a first responder position.

Signature of Applicant _____ Date _____