



## Application for MRFD Volunteer Firefighter

We welcome you as a Volunteer Firefighter Applicant. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of Missoula Rural Fire Department to provide equality in opportunity in employment of all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age in all aspects of our personnel policies programs practices and operations. This policy applies to all phases of full, part time, temporary and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible affiliation by Missoula Rural Fire Department.

**Why do you want to become a Volunteer Firefighter for Missoula Rural Fire District?**

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**What date would you become available?** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

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**Mailing Address:** \_\_\_\_\_

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**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email Address: \_\_\_\_\_

Name of any relatives associated with Missoula Rural Fire District.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License # \_\_\_\_\_ Commercial  yes  no

Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ over 18 years old  yes  no

Male  Female

Military Service  yes  no Type of Discharge \_\_\_\_\_

Highest Level of High School education completed:  9  10  11  12

Name and Location of High School attended: \_\_\_\_\_

GED  yes  no

Highest Level of College Education Completed:  13  14  15  16  17  18

Name and Location of College Attended: \_\_\_\_\_

Other Schools attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Fire Service Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency Medical Experience: \_\_\_\_\_

\_\_\_\_\_

**Please Attach Copies of All Fire/EMS Service Related certifications.**

## Work History

Please Provide Information on Past and Present Employers.

Name	Address	Phone # and Contact Person	Month/Year
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:
			FROM: TO:

## References

Please provide the Names, Addresses, Phone Numbers and Relationship of three.

Name	Address	Phone #	Relationship

Have you ever been convicted of a felony?  yes  no

If yes please explain: \_\_\_\_\_

Are you a resident of Missoula Rural Fire District?  yes  no

Are you a resident of Missoula County?  yes  no

Are you a United States citizen?  yes  no

The Fire Service places great demands and requires you to carry, lift, climb, crawl, stoop, and bend. Do you have any limitations that would prevent you from performing these duties?

yes  no

If yes, please explain: \_\_\_\_\_

Have you ever received Workers Compensation?  yes  no

If yes, please explain: \_\_\_\_\_

Do you have any special requirements or needs that would need to be met by Missoula Rural Fire District as a Volunteer Firefighter? \_\_\_\_\_

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize the Missoula Rural Fire District to make any necessary and appropriate investigations to verify the information contained herein.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_