



MISSOULA RURAL FIRE DISTRICT FIREFIGHTER EMPLOYMENT APPLICATION

2521 South Avenue West
Missoula, Montana 59804
(406) 549-6172
www.MRFDfire.org

We welcome you as a firefighter applicant! Your application will be considered with others in competition for the position in which you are interested. The Missoula Rural Fire District is an equal opportunity employer and will not discriminate on the basis of race, creed, religion, color, or national origin or because of age, physical or mental disability, marital status, sex or other protected class. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment. Please type or print legibly in ink and complete all sections.

Today's Date: _____/_____/_____		Date Available for Employment: _____/_____/_____	
Last Name:		First Name:	Middle Initial:
Have you ever worked or attended school under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the names: _____			
E-mail Address (please print clearly): _____			
Mailing Address:		City:	State: Zip:
Home/Cell Telephone No.:		Work Telephone No.:	
Do you hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the license number: _____ State: _____			
List all states where you have held a driver's license: _____			
Do you have a current commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all states where you have held a commercial driver's license: _____			
Have you worked for the Missoula Rural Fire District before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the dates and your job title: _____			
Do you have any relatives employed by Missoula Rural Fire District? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list names: _____			
Will you be able to produce documentation of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are hired, you may be required to submit proof of your age)			
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			
Have you had your driver's license suspended or revoked in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If you answered "yes" on any of the above questions, provide details on a separate sheet of paper. A "yes" answer does not automatically disqualify you from employment as the nature of the offense, date and job for which you are applying is also considered.)			

THREE PERSONAL REFERENCES (Please do not include relatives or former employers)

Name:	Phone No.:
Address:	Occupation:
	Relationship:
Name:	Phone No.:
Address:	Occupation:
	Relationship:
Name:	Phone No.:
Address:	Occupation:
	Relationship:

EDUCATION

Name/Location of High School:		High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
Institution:	School/Location:	Course of Study:	Degree? (yes/no)
Community College			
Technical			
College/University			
Graduate			

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATES

List any professional licenses, registrations or certificates relevant to this position.

Expiration date of Montana Board of Medical Examiners EMT license: ___/___/____. (If State of Montana license is in process, please indicate expected date of receipt ___/___/____ and include copy of National Registry EMT certification or current out-of-state license.)

OTHER SKILLS OR EXPERIENCE

List any other skills or experience relevant to this position.

EMPLOYMENT HISTORY

Please list employment experience, beginning with your most recent employment. **RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION FORM.** If necessary, additional sheets may be attached to this application form.

Present or Last Employer:	Employment Dates:
Title/Position:	Hours Per Week:
Address:	Full Time/Part Time:
Telephone:	Reason For Leaving:
Supervisor:	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):	

Employer:	Employment Dates:
Title/Position:	Hours Per Week:
Address:	Full Time/Part Time:
Telephone:	Reason For Leaving:
Supervisor:	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):	

Employer:	Employment Dates:
Title/Position:	Hours Per Week:
Address:	Full Time/Part Time:
Telephone:	Reason For Leaving:
Supervisor:	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):	

Employer:	Employment Dates:
Title/Position:	Hours Per Week:
Address:	Full Time/Part Time:
Telephone:	Reason for Leaving:
Supervisor:	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):	
Volunteer Experience If necessary, additional sheets may be attached to this application form.	
Volunteer Organization:	Position:
Address:	Dates of Participation:
	Hours Per Week:
Telephone:	Supervisor:
Describe your duties and responsibilities:	
Are you claiming preference under Montana Veterans' Public Employment Preference Law? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you claiming preference under Montana Persons With Disabilities Employment Preference Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OFFICE USE ONLY	
Date application received:	All information included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of interview:
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting date:
NOTES:	

APPLICANT'S STATEMENT, ACKNOWLEDGEMENT, AGREEMENT AND AUTHORIZATION

1. As an applicant for a position with the Missoula Rural Fire District, I am required to furnish information which this agency may use in determining qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, governmental entity, company, institution or person for which I have been employed furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
2. I acknowledge that I may be required to submit to a drug test prior to being hired if I apply for a position which requires a drug and alcohol test in compliance with 49 CFR Part 382, 391, 392 and 395, as amended, which mandates urine drug testing and breath alcohol testing for persons who are subject to CDL requirements and perform safety sensitive functions. I further acknowledge that subsequent drug and alcohol testing and negative drug test results are conditions of my employment.
3. As a condition of employment or continued employment I authorize any division of motor vehicles to release information regarding my driving record, if driving is a function of the position.
4. I certify that the foregoing answers, and all supplemental documents are correct and that false information may result in dismissal if employed.
5. I understand that employment may be contingent upon satisfactory completion of a physical examination showing that I can adequately perform job-related functions.
6. I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
7. Information that is provided on this application is subject to verification. I hereby release all parties and persons connected with any such request for information from claims, liabilities, and damages for any reason arising out of furnishing such information. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes No
8. I hereby release all parties and persons connected with any such request for information from claims, liabilities, and damages for any reason arising out of furnishing such information.
9. I understand that the acceptance of this application does not create an actual or implied contract of employment with Missoula Rural Fire District.
10. I understand that if offered employment, I will, as a condition of employment, be required to successfully pass a driving record check, criminal background check, and verification of educational credentials.

I certify that this application is true and complete to the best of my knowledge. I am aware that any falsifications or misrepresentation may disqualify me from any employment with the Missoula Rural Fire District. Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed and not everyone interviewed will receive an offer of employment.

Applicant's Signature

Date

Printed Name of Applicant

EMPLOYMENT APPLICATION CHECKLIST
Missoula Rural Fire District
DUE DATE: March 3, 2025, 12:00 PM MDT

Required Forms:

- Cover Letter
- Resume
- Signed Application
- Certificate of Completion for Candidate Physical Ability Test (CPAT) (passed within the previous 12-months of application due date or ability to pass within 3 months of hire)
- Current State of Montana- Board of Medical Examiners EMT License
- Degrees or Certificates related to listed skills, education, knowledge or training

Additional Form for Non-Montana Resident Required Form:

- Current National Registry EMT Certification, or current out-of-state EMT License

Optional Forms:

- Confidential EEO File Information
- Letters of Recommendation
- Employment Preference Form and required documents (if applicable)

Montana Residents - Additional Optional Forms:

- Current National Registry EMT Certification
- Current out-of-state EMT License

SUBMISSION OF COMPLETED APPLICATIONS:

Personal delivery or mail to: Missoula Rural Fire District
2521 South Ave W
Missoula, Montana 59804

Email to: Melissa Schnee at mschnee@mrfdfire.org. Applications electronically submitted MUST be signed by the applicant.

Questions: Contact Melissa Schnee at (406) 549-6172.

Must be received by 12pm MDT on March 3, 2025.

Late or incomplete application packets will not be considered.

CONFIDENTIAL EEO FILE INFORMATION
MISSOULA RURAL FIRE DISTRICT
EQUAL OPPORTUNITY EMPLOYER

The information you provide on this form is collected in compliance with state and federal law to determine if Missoula Rural Fire District's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making unlawful hiring decisions. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Thank you for your cooperation.

Please check one of the descriptions below corresponding to the ethnic group with which you most identify:

- White (not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Sex: _____ Male _____ Female

How did you learn of the vacancy? (check one)

____ Newspaper Ad ____ Friend ____ Employment Office
____ Vo Tech Center ____ Website ____ Other (explain) _____

EMPLOYMENT PREFERENCE FORM

Name: _____

Position Applied For: _____

Department Name: _____

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, if

1. you were separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him or her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

A person with a disability certified by DPHHS, **OR**

The spouse of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

DD-214 showing the character of discharge

Service-connected disability letter

DPHHS Disability Certification

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE: (typed or written): _____

DATE SIGNED: _____