



Hyalite Rural Fire District

4541 S. 3rd

Bozeman, MT 59715

Phone: (406) 586-3770 Email: recruit@HyaliteFire.Org

www.HyaliteFire.Org

VOLUNTEER APPLICATION

(Please Print)

INDIVIDUAL DATA

Last		First		MI	Date of Application	Email
Address			City		State	Zip Code
Are you over the age of 18? Yes No		Home Phone		Work Phone		Cell Phone
Emergency Contact Name			Phone		Relationship	
Are there currently any criminal charges pending against you? Yes No						
Have you ever been convicted of a misdemeanor or felony? Yes No						
If yes, please explain: _____ <i>All accepted volunteers must complete a criminal background check and a credit history report.</i>						
Have you resided in another State? Yes No If yes, when ___/___/___ to ___/___/___ and where: _____/_____ City State						

DRIVER INFORMATION

Do you have a valid Driver's License? Yes No			Type of license held:			
Driver's License #: _____			Operator			
State: _____			Commercial Operator			
Date Expires: ___/___/___			Chauffer			
How many years have you been driving? Less than 1 year 2-3 years Over 3 years						
Do you have any restrictions on your license? Yes No If yes, please explain: _____ _____						
Have you had any moving violations (excluding parking tickets) or accidents in the past 5 years? Yes No						
If yes, document below						
Month/Year		Description of Violation				

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
Phone Number:		May we contact this employer? Yes 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 : Terminated Resigned Layoff Other			
Employer:		Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip Code
Phone Number:		May we contact this employer? Yes 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 : Terminated Resigned Layoff Other			
Employer:		Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip Code
Phone Number:		May we contact this employer? Yes 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 : Terminated Resigned Layoff Other			

EDUCATION

Are you attending school now? Yes No Course of Study:

High School	City/State	Graduate Yes No	Degree/Major
College	City/State	Graduate Yes No	Degree/Major
Bus. or Trade School	City/State	Graduate Yes No	Degree/Major
Graduate Studies	City/State	Graduate Yes No	Degree/Major

ORGANIZATIONS/HOBBIES/INTERESTS

List any hobbies, special areas of interest and other volunteer positions

RELATED EXPERIENCE

Have you ever volunteered on a fire department before? Yes No

Name	City/State	Phone Number	Chief Officer

Please describe past fire and/or EMS training:

List current certifications (FF1, EMT-B, etc.)
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ADDITIONAL INFORMATION

How did you learn about the Hyalite rural Fire Department?

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Why do you want to become a member of the Hyalite Rural Fire Department?

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Do you know anyone who has or is currently serving with the Hyalite Rural Fire Department? Yes No

If yes, name of person:

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PERSONAL CHARACTER REFERENCES

Name	Phone #
City State Zip Code	Occupation: Relationship:
Name	Phone #
City State Zip Code	Occupation: Relationship:
Name	Phone #
City State Zip Code	Occupation: Relationship:

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:

HEALTH

Have you reviewed the position description for which you are applying? Yes No
Do you have any conditions (physical or mental) that may affect your performance as volunteer in any way?
Yes No If yes, please describe:

Are you capable of performing in a reasonable manner the essential functions of the position, 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 denying volunteer membership.

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

I authorize the Fire Department to investigate information concerning my education, employment experiences and

all other aspects of my background relevant to my proposed volunteer position. I release the Hyalite Rural Fire District and its members from all liability arising from such investigation. My signature indicates that I have read, understand and agree to all of the above.

Signature of applicant: _____

Date: ____/____/____

***Non-Discrimination: The Hyalite Rural Fire District does not discriminate on the basis of age, race, color, national origin, sex, sexual preference, marital status, creed, or political belief, mental or physical handicap or disability, or status as a Vietnam era or disabled veteran in its employment/volunteer policies and practices.**

OFFICE USE ONLY

Application received: ____/____/____

Date of Interview: ____/____/____

Interview Team:

Date accepted: ____/____/____

Date rejected: ____/____/____

NOTES

IF APPLICANT IS ACCEPTED - FILL IN THE BELOW INFORMATION:

Date of Birth:

SSN: