

# Bridger Canyon Rural Fire District

8081 Canyon Road, Bozeman MT 59715  
(406) 586-6427

## Application for Firefighter

Print all information clearly in ink only! Fill out this form completely. If a question does not apply to you, write "N/A" or "none" in the blank. Where insufficient space is provided for information you believe is pertinent, you may use additional paper. Any falsification of this application will be grounds for disqualification.

### IDENTIFICATION: Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Residence: \_\_\_\_\_ Home Phone: (406) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: (406) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_  
Name Relationship Phone

### HEALTH:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Condition of Health: \_\_\_\_\_

Have you ever been treated for medical problems involving: Back ( ) Heart ( ) Respiratory ( )

Has a physician treated you in the past three years? Yes ( ) No ( )

If yes, please describe: \_\_\_\_\_

Have you been hospitalized in the past three years? Yes ( ) No ( )

If yes, please describe: \_\_\_\_\_

Are you currently taking any medication(s): \_\_\_\_\_

Marital Status: Married ( ) Single ( ) Divorced/separated ( ) Widowed ( )

**EDUCATION:**

Name of School, Location	Years Attended	Did you Graduate?	Subjects studied Degree Obtained
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade, Business or Correspondence School:

\_\_\_\_\_

**SPECIAL QUALIFICATIONS AND SKILLS**

List any special licenses you hold (i.e. EMT, Paramedic, Police, Fire, Scuba, etc.) and attach a copy of the certificate(s) or license(s).

Date of Issue	Type	Authority	Expiration
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\_\_\_\_\_

\_\_\_\_\_

List any Specialize machinery or equipment that you can operate: \_\_\_\_\_

\_\_\_\_\_

List any other special skills or qualification you may possess: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION:**

How did you learn of the Bridger Canyon Fire Department? \_\_\_\_\_

Why do you wish to become a member of this organization and why do you feel you would be an asset to the department?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY HISTORY:**

Military Status: ( ) Currently active duty ( ) Have been discharged: Yes ( ) No ( )

What branch? \_\_\_\_\_ Served from \_\_\_\_\_ to \_\_\_\_\_

What is your reserve status? \_\_\_\_\_ Highest Rank: \_\_\_\_\_

**TRAFFIC HISTORY:**

Current Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Has your DL ever been suspended or revoked for any reason (in this or any other state/country)?

Yes ( ) No ( )

If yes, give date, location and reason: \_\_\_\_\_

\_\_\_\_\_

Have you ever received a moving traffic violation? Yes ( ) No ( )

List any: \_\_\_\_\_

If you have been convicted for driving while intoxicated or under the influence, please explain.

\_\_\_\_\_

\_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_

Year	Make	Model	Condition
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Automobile Insurance Carrier: \_\_\_\_\_

Company	Agent	Coverage/limits of liability
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**EMPLOYMENT HISTORY:**

List previous employment information, starting with your present or last job. Include military service.

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Description of duties, responsibilities, and accomplishments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (Cont'd):**

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of duties, responsibilities, and accomplishments: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of duties, responsibilities, and accomplishments: \_\_\_\_\_

What are your Current hours? \_\_\_\_\_ Would you be able to respond from work? : Yes ( ) No ( )

Have you been terminated or asked to resign from employment within the last five years? Yes ( ) No ( )

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

**FIRST RESPONDER HISTORY:**

List previous firefighter or other first responder experience, starting with the most recent. Include military service if applicable.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of duties, responsibilities, and accomplishments: \_\_\_\_\_

**REFERENCES:**

Name	Work & home phone	Years known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you currently serving on a fire department or other government agency? \_\_\_\_\_

Have you ever served on a fire department? If so, what was your reason for leaving? Please list department name, address, and phone number.

I certify that all information given on this application is **true, correct, and complete** to the best of my knowledge. I also certify that I have accounted for all my work experience and training on this application and that I have not knowingly withheld any fact or circumstance, which would if disclosed, affect my application unfavorably.

\_\_\_\_\_  
Applicant Signature

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