



APPLICATION FOR MEMBERSHIP
Creston Fire Department

*4498 Montana 35
Kalispell, Montana 59901*

(PLEASE PRINT)

Applying for: <input type="checkbox"/> Firefighter <input type="checkbox"/> Firefighter/EMT <input type="checkbox"/> Associate Member	Date of Application:
How Did You Learn About Creston Volunteer Fire Department? <input type="checkbox"/> Printed materials <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> EMS Agency <input type="checkbox"/> Relative <input type="checkbox"/> Sponsor _____	

Last Name _____ First Name _____ Middle Name _____				
Address Number	Street	City	State	Zip Code
Cell Phone Number _____		Home Phone Number _____		Email Address _____
Date of Birth _____	Age _____		Social Security Number _____	
Where Born? (City/State) _____			Driver's License Number _____	
Spouse's Name: _____			State	Expiration Date
Closest Relative: _____				
Relative's Address: _____				

NOTE: *You must be at least 18 years of age in order to volunteer with this department.*

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever volunteered with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

Current Employer: _____ Phone Number: _____

Supervisor's Name: _____ Date Employed: _____

May we contact your present employer? Yes No

Are you prevented from lawfully volunteering in this Country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required.

Have you ever been convicted of a felony or a crime?

Yes

No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain. Give date, location, and disposition.

(Include felony, misdemeanor and traffic)

EDUCATION	Name and Address of School	Course of Study	Years		Diploma/ Degree
			Completed		
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

LICENSURE / REGISTRATION / CERTIFICATION			
List all professional licenses, registrations, and certifications			
Lic/Reg/Cert Type	License #	State	Expiration Date

Describe any past Fire Service experience and related skills.	
Name of Fire Service:	
Contact Name:	Telephone No.:

Describe any United States Military service. Include Dates of Service and where discharged.

Other qualifications: Describe any specialized training, knowledge and skills; equipment or machines operated.
State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: <i>DO NOT</i> answer the following question unless you have been informed about the requirements of the position for which you are applying as a volunteer.
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved for the fire department position which you have applied? A description of the activities involved in such a job or occupation is attached. <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT EXPERIENCE

Start with your current or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____	Dates Employed: From _____ To _____
Address: _____	Telephone No.: _____
Job Title: _____	Supervisor: _____
Work Performed:	
Reason for Leaving:	

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Job Title: _____	Supervisor: _____
Work Performed: _____	
Reason for Leaving: _____	

REFERENCES	
1. Name: _____	Phone No: () _____
Address: _____	
2. Name: _____	Phone No.: () _____
Address: _____	
3. Name: _____	Phone No.: () _____
Address: _____	

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant's Statement: I certify that answers given herein are true and complete.

- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for volunteering with Creston Volunteer Fire Department shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I understand that my volunteer status is subject to Creston Volunteer Fire Department's terms. I understand that this Application does not constitute my acceptance as a volunteer to Creston Fire Department.
- In the event of acceptance as a volunteer by Creston Volunteer Fire Department, I understand that false or misleading information given in my application or interview(s) may result in immediate removal. I understand, also, that I am required to abide by all rules and regulations of Creston Volunteer Fire Department.

Applicant's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____