



Bigfork Fire Department

We appreciate your interest in Bigfork Fire Department and your community. Your application is important to us and we want you to know what to expect from us:

- Meeting with fire member & tour of facilities
- Fill out and return application packet as soon as possible:
 - Application
 - Release for background investigation (notarized)
 - Release for insurance company to do driving record search
 - Sign confidentiality agreement
- Interview with selection committee at your convenience and become part of the team
- Attend Thursday night Fire Dept. meetings to get to know us and for important on the job training
- Start your training and get your gear

Contacts

- Bigfork Fire Hall—837-4590
- Chuck Harris, Chief—253-4590
- Nat O'Farrell, Assist Chief—270-7603
- Katie Edwards, Captain—253-5642

Application for Volunteer Membership

Bigfork Fire Department

Flathead and Lake Counties, Montana

Bigfork Fire District

Application Date ___/___/___

Name _____ Membership Type: Firefighter Reserve

Physical Address _____ Mailing Address _____

Phone #: Work: _____ Home: _____ Cell: _____

Email address: _____

How long have you lived in Bigfork? _____ Highest level of Education: _____

Employment References: (List Current First)

<u>Employer</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal References:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Fire Departments or Emergency Organizations you have belonged to: _____

Have you ever been convicted of a felony? (If yes, please explain) _____

Do you have any physical, mental, or medical impairment or disability that would limit you in job performance? (If yes, please explain) _____

Special Skills and/or Qualifications:

<u>Schools</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

List any foreign language you speak, read, and/or write: (including sign) _____

What are your reasons for wishing to join Bigfork Fire Department? _____

What do you expect to achieve through this association? _____

Are there any hours of the day that you are NOT able to perform your call duties? _____

State any additional information you feel may be helpful to us in considering your application:

I certify that the information on this application is true and correct to the best of my knowledge. If I am appointed on the basis of any misstatement herein, I shall be subject to removal.

Signature: _____ Date: _____

DO NOT WRITE HERE: (FOR MEMBERSHIP COMMITTEE COMPLETION)

Date Received: _____ Date Interviewed: _____

Comments: _____

Accepted? _____ Date: _____ Type of Membership: _____

Probationary beginning date: _____ Recommended probation to end: _____

Notes: _____

**BIGFORK FIRE DISTRICT
810 GRAND DRIVE
BIGFORK, MONTANA 59911
PHONE :(406)837-4590 FAX (406)837-4690**

I, _____, am seeking employment or volunteer assignment with Bigfork Fire District. I acknowledge that an investigation into my background is to provide safety for employees and patients of Bigfork Fire District. I hereby expressly and voluntarily give Bigfork Fire District the right to make this investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including confidential criminal record information to the employees of Bigfork Fire District and its agents. I understand that Bigfork Fire District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release Bigfork Fire District and any organization, company, institution, or person furnishing information to Bigfork Fire District and its employees as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

PRINT FULL NAME: _____

PRINT FULL ADDRESS: _____

CITY

STATE

ZIP

BIRTH DATE: ___/___/___ SSN#: ___/___/___ DRIVER LICENSE#: _____
STATE _____

STATE OF Montana)
 : Sis.
County of Flathead)

On this ___ day of _____, 20____, before me, a notary public of the State of Montana, personally appeared _____, known to me to be the person named in the foregoing

release and acknowledged to me that _____ executed the same as _____ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set me hand and affixed my notary seal the day in this certificate first above written.

(Seal)

Notary Public, State of Montana

County of _____

My commission expires _____

**Motor Vehicle Report
Authorization Form**

I _____ authorize Western States
Insurance Agency and Bigfork Fire District to obtain a Motor Vehicle
Report on my behalf.

Signed _____ Dated _____

Name of Driver _____

Driver's License No _____

Date of Birth _____

State _____

Confidentiality Agreement

This confidentiality Agreement (this "Agreement") is made effective as of _____, by and between Bigfork Fire District of 810 Grand Dr. Bigfork, MT 59911 and _____.

Confidentiality

_____ recognizes that Bigfork Fire District has and will have information regarding matters such as personal and medical, and other vital information (collectively, "Information"), which are valuable, special and unique assets of Bigfork Fire District.

As a member, _____ agrees that he/she will not at any time or in any manner, directly or indirectly, divulge, or communicate in any manner any information about patients treated or transported to any third party without the prior written consent of Bigfork Fire District. As an employee, _____ will protect the information and treat it as strictly confidential. A violation by _____ of this paragraph shall be a material violation of this Agreement and will justify legal and/or equitable relief. As a member, discipline will be determined based on the severity of the breach and will include suspension and possible termination of membership.

EMPLOYER:
Bigfork Fire District

By: _____
Chuck Harris, Chief

_____ Date

Employee: _____

Date _____

Print Name: _____