

## **Bigfork Fire District**

810 Grand Dr, Bigfork, MT 59911 406-837-4590 406-837-4690(fax) www.bigforkfd.com

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

- Meeting with Department member & tour of facilities.
- Complete and return application packet:

Application
Release for background investigation (notarized)
Release for driving record search
Confidentiality agreement

- Interview with selection committee.
- After completion of background check, you will be required to have a post-hire physical and post-hire drug test paid for by the department.
- Gear assignment and begin training.

#### Contacts

• Bigfork Fire Hall - 837-4590

Thank you for your interest of becoming a member of the Bigfork Fire Department. We are proud of the emergency services that we provide to our community. Our members are the foundation of this organization. Being a member of the Bigfork Fire Department includes a commitment to fellow members, the citizens of Bigfork and to the residents of the surrounding areas that we serve. This commitment must be backed with individual responsibility and accountability. Before completing the application, it is important to understand what will be expected of you as a member.

Below are seven (7) values we hold essential, that each member shall commit to:

#### 1) Commitment

Being a member of the Bigfork Fire Department is a commitment to the citizens of Bigfork, the organization, and to the other department members, to be ready and to respond in the time of need. The Department is a very diverse work force but the one thing that is shared is the sincere desire to serve the citizens of Bigfork. It is our mission to deliver safe and effective emergency response, being entrusted with people's lives and property.

#### 2) Accountability

Members are provided with supervision, training, equipment, procedures, and feedback necessary to prepare and guide them. However, each member is responsible for his/her own performance and conduct. Each member's standing in the organization is ultimately determined by his/her conduct and performance.

#### 3) Respect

It is paramount that all persons be held in right and proper esteem, regardless of age, gender, race, creed, economic status, or any other aspect of diversity. All persons, both the public and Department members deserve to be treated with courtesy, politeness, civility, and consideration no matter what the circumstances.

#### 4) **Discipline**

Members are expected to manage their behavior in a manner that conforms to the standards, Rules and Regulations of the department. Members are to conduct their lives in a fashion that reflects the highest morals and ethics that the public expects when both on-duty and off.

#### 5) **Integrity**

The public entrusts us with their lives and property in times of crisis. Such responsibility demands the highest level of Truthfulness, Honesty, Reliability, Decency, Morality and Honor. The public can be at ease knowing their possessions are in the charge of personnel of such high standards.

#### 6) **Leadership**

In an organization, there are formal leaders while others are informal leaders. Leadership is taking the initiative and doing the right thing at the right time, while guiding and encouraging others to do the same. We all have the ability to lead within us. Actions speak louder than words.

#### 7) Teamwork

Members are the foundation of an organization. A Department can only be as strong as the sum of its membership. The ability of the members to work together towards a common goal, dictates whether an organization is successful or not.



## **Bigfork Fire Department Application**

Name: (First)	(Middle)		(La	(Last)		
Physical Address:			Mailing Address:			
Phone # Home:		Cell:				
Email address:						
Driver License Numb	per:	(State)		DOB	/	/
Residence History: (I	ist all the places you have li	ved in the last five years, not	including current address)			
Dates	Address	City	State	Zip	Landlord	(if applicable)
Employment History						
Employment History	(include the last five years	starting with most current)				
Employer	Addres	SS	Phone#		Sup	ervisor
For additional space use back	of page					
Emergency Service	Experience: (List any	Emergency Service experien	ce, Fire, EMS etc.)			

Circle last grad	de completed - Grade 1 2	3 4 5 6 7 8 9 10 11	12 College 1 2 3 4 Ma	stersDoctorat	e
43	Name & Addre	ess of School	Major Course studied	Graduated or degree (Yor N)	Average Grade
Last High Scho	ool Attended/Address:				
College or Uni	versity/Address				
College or Unit Other School (	versity/Address Technical, Vocational, Gradu	ate, etc.) /Address			
List any schola	arships, academic honors, awa	ards or special achievements:			
roonal Daf					
rsonai Kei	CICICES. (List three reference	ces of people not related to you)			
ame		Address	Pho	ne	
ave you eve	er been convicted of a	ı felony? (If yes, please	e explain)		
ave you eve	er been convicted of a	ı felony? (If yes, please	e explain)		
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ave you eve	er been convicted of a	ı misdemeanor or traffic	c offense? (Yes / No	)	
ave you eve				)	
ave you eve	er been convicted of a	ı misdemeanor or traffic	c offense? (Yes / No	)	
	er been convicted of a	ı misdemeanor or traffic	c offense? (Yes / No	)	

Medical Certifications:  EMR □ EMT-B □ AEMT □ E  PHTLS □	EMT-P □ AHA CPR □ AHA PALS □ AHA ACLS □			
List any endorsements or other medic	cal certifications:			
Please provide copies of State and Immunizations. (Hep A, Hep B, MMI	National Licenses, AHA CPR, PALS, ACLS, PHTLS Certs and R, Tdap, Varicella, TB)			
Fire Certifications:				
Firefighter 1 □ Firefighter 2 □ I	S-100 □ IS-200 □ IS-700 □ IS-800 □ S130 □ S190 □			
Fire Academy Certificate or a department	nent equivalency			
List any other fire certifications:				
Please provide copies of all fire certifications, include letter from other fire department of fire fighter equivalency if applicable.				
	pplication is true and correct to the best of my knowledge. Any tatements, or omissions on this application shall subject me to			
Signature:	Date:			
DO NOT WRITE LIEBE, (A durinistatus	thus Han Onka			
DO NOT WRITE HERE: (Administra				
Date Received: [	Date Interviewed:			
Comments:				

### **BIGFORK FIRE DISTRICT 810 GRAND DRIVE BIGFORK, MONTANA 59911**

PHONE: (406) 837-4590 FAX: (406) 837-4690

Fire District. I hereby expressly and volumy past employment, education, and ac a confidential or privileged nature, including Fire District and its agents. I understand investigation that, in its sole discretion, in I hereby release Bigfork Fire District and its damage which may result from any disse	ny background is to provide sa untarily give Bigfork Fire Distr ctivities. I specifically authorizeding confidential criminal record d that Bigfork Fire District reset t deems reasonable and nece rict and any organization, comes s employees as expressly authorized emination of the information record v, I waive any right of discover Fire District, or any organizat District.	afety for employees and patients of Bigfork rict the right to make this investigation of e the release of any and all information of and information to the employees of Bigfork erves the right to use any lawful method of essary.  Inpany, institution, or person furnishing thorized above, from any liability for requested.  Try for any findings, or results of any
	3 ,	
SIGNATURE	DATE	
PRINT FULL NAME:		
PRINT FULL ADDRESS:		
CITY	STATE	ZIP
BIRTH DATE:// SSN#:	_// DRIVER LICEN	SE#:STATE
STATE OF Montana )		
: Sis. County of Flathead )		
Signed and sworn to before me this	day of	, 20, by
IN WITNESS WHEREOF, I have her certificate first above written.	eunto set me hand and affi	ixed my notary seal the day in this
(Seal)	Notary Public, S	State of Montana
	County of	

My commission expires\_\_\_\_\_

# Confidentiality Agreement

This confidentiality Agreement (this "Age by and between F	greement") is made effective as of Bigfork Fire District of 810 Grand Dr. Bigfork, MT
(Current Date)	signority ind blothlot of one of crand bit. bigiotik, into
59911 and	
(Your Name)	
Co	onfidentiality
recognizes	that Bigfork Fire District has and will have
(collectively, "Information"), which are viring District.	personal and medical, and other vital information valuable, special, and unique assets of Bigfork
As a member,	agrees that he/she will not at any time or in any
manner, directly or indirectly, divulge, or about patients treated or transported to of Bigfork Fire District. As an employed information and treat it as strictly confident of this paragreement and will justify legal and/or	or communicate in any manner any information o any third party without the prior written consent e, will protect the
EMPLOYER: Bigfork Fire District	
By: Jeremy Patton, Chief	Date
Employee:	Date
Print Name:	



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#### **BIGFORK FIRE DISTRICT**

#### **DISCLOSURE & RELEASE FORM**

In connection with my application for employment (including contract for services) with Bigfork Fire District, I understand that motor vehicle reports, which may contain public record information, may be requested from the department of motor vehicles agency. These reports may include but are not limited to the following type of information: name, address, social security number, date of birth, driver license or I.D. number, and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to offer me employment.

I authorize, with reservation, any party or agency contacted by Bigfork Fire District to furnish the above-mentioned information.

#### I understand that:

- Bigfork Fire District obtains all drivers and vehicle information directly from the various state department of motor vehicles (or a corresponding agency) and does not maintain its own database of driver and vehicle information.
- Bigfork Fire District acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle report.
- If there is something inaccurate on my driver or vehicle report, I must contact the department of motor vehicles directly to have the information corrected or updated.

I hereby authorize procurement of motor vehicle records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle reports at any time during my employment (or contract) period.

Print Full Name:	Date o	Date of Birth:		
Driver's License #:	Issuing State:	Exp. Date:		
Applicant's Address:				
Applicant's Signature:		 Date:		