



## **Bigfork Fire District**

810 Grand Dr, Bigfork, MT 59911  
406-837-4590 406-837-4690(fax)

[www.bigforkfd.com](http://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.
- Start attending Wednesday night Fire Dept. meetings/trainings.
- 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 toward a common goal dictates whether an organization is successful or not.



## Bigfork Fire Department Application

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ (State) \_\_\_\_\_ DOB / / \_\_\_\_\_

Residence History: (List all the places you have lived in the last five years, not including current address)

Dates	Address	City	State	Zip	Landlord (if applicable)
-------	---------	------	-------	-----	--------------------------


Employment History: (include the last five years starting with most current)

Employer	Address	Phone#	Supervisor
----------	---------	--------	------------


For additional space use back of page

Emergency Service Experience: (List any Emergency Service experience, Fire, EMS etc.)


---

**2. EDUCATION & TRAINING:**

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

Name & Address of School	Major Course studied	Graduated or degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

---

**Personal References:** (List three references of people not related to you)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or traffic offense? (Yes / No)

Date	Offense	County	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Medical Certifications:**

Emergency Medical Training:

EMT-F  EMT-B  EMT-I  EMT-P

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

**Please provide copies of State and National EMT Cards, Healthcare Provider Card, and Immunizations. (Hep A, Hep B, MMR, Tdap, Varicella, TB)**

I certify that the information on this application is true and correct to the best of my knowledge. Any falsehoods, misrepresentations, misstatements or omissions on this application shall subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE HERE: (Administrative Use Only)**

Date Received: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Accepted? \_\_\_\_\_ Date: \_\_\_\_\_ Type of Membership: \_\_\_\_\_

Probationary beginning date: \_\_\_\_\_ Recommended probation to end: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **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: \_\_\_\_\_ Date \_\_\_\_\_  
Mark J. Thiry, Chief

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_



## Bigfork Fire District

810 Grand Dr, Bigfork, MT 59911  
406-837-4590 406-837-4690(fax)

[www.bigforkfd.com](http://www.bigforkfd.com)

### 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 of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_