



Marion Fire District
PO Box 939
Marion MT 59925
Office: 406.854.2828
www.marionfd.org

Marion Fire District 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)

Dates	Address	City	State	Zip	Landlord

1. Are you legally authorized to work in the U.S.? YES _____ NO _____

2. If selected, can you provide proof that you are at least 18 years of age?

YES _____ NO _____

3. Do you have any relatives on the Fire Department? YES _____ NO _____

If yes, who? _____

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

Employment:

Present or Most Recent Employer: _____

Supervisor's Name: _____

Address: _____

Phone: _____

Job Title: _____

Date Employed: _____

Total Years Employed: _____

Working Hours: _____

Specific Duties: _____



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

Education and Training:

What is the last grade completed- Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters ___ Doctorate ___

What college or university did you attend? (If applicable) _____

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

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

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



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

Date	Offense	County	Disposition

Medical Certifications:

EMP EMT

List any endorsements: _____

Please provide copies of the State and National EMT Cards, Healthcare Provider Card, and Immunizations. Examples (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? _____ Recommended probation to end: _____

Notes: