



## EMPLOYMENT EXPERIENCE

Start with your present or last job, not to exceed the past seven years.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT.

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employer Name		Dates Employed: From: ___/___/___ To: ___/___/___	
Address	City	State	Zip
Phone No.		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Immediate Supervisor	
Job Description (duties, skills, equipment used):			
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other			
Employer Name		Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip
Phone No.		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Supervisor	
Job Description (duties, skills, equipment used):			
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other			
Employer Name		Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip
Phone No.		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Supervisor	
Job Description (duties, skills, equipment used):			
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other			

**EDUCATION**

Are you attending school now?    Yes    No      Course of Study:

High School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
Business/Trade School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
Graduate Studies	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major

**ORGANIZATIONS/HOBBIES/INTERESTS**

List any hobbies, special areas of interest and volunteer positions


**RELATED EXPERIENCE**

Have you been employed by or volunteered for a fire department in the past?       Yes    No

Name of Fire Department	City/State	Phone Number	Chief Officer

Please describe your fire and emergency medical service-related training and experience.

Please list current certifications.

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**ADDITIONAL INFORMATION**

Do you have any relatives working for the Yellowstone Mountain Club Rural Fire District?    Yes    No  
If yes, please give their name(s):

**REFERENCES**

Name	Phone No.
City                      State                      Zip	Occupation:  Relationship:
Name	Phone No.

City	State	Zip	Occupation:
			Relationship:
Name			Phone #
City	State	Zip	Occupation:
			Relationship:

**MILITARY SERVICE RECORD**

Were you in the Armed Forces?  Yes  No      If yes, what branch? \_\_\_\_\_

Date(s) of Duty? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Rank and Status current or at time of discharge \_\_\_\_\_

List any special training obtained:

**HEALTH**

Have you reviewed the position description for which you are applying?  Yes  No

Are you capable of performing in a reasonable manner the essential functions of the position, with or without a reasonable accommodation?  Yes  No

**APPLICANT'S STATEMENT – ACKNOWLEDGEMENT - AGREEMENT**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for denying employment.

I authorize the Yellowstone Mountain Club Rural Fire District to investigate information concerning my education, employment experiences and all other aspects of my background relevant to the job position. I release the Yellowstone Mountain Club Rural Fire District and its members from all liability arising from such investigation.

I understand that this application or subsequent employment does not create a contract of employment, and neither does it guarantee employment for any definite period of time.

My signature indicates that I have read, understand and agree to all of the above.

\_\_\_\_\_

Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_

Applicant's Printed Name

**The Yellowstone Mountain Club Rural Fire District does not discriminate on the basis of age, race, color, national origin, sex, sexual preference, marital status, creed, or political belief, mental or physical handicap or disability, or status as a Vietnam era or disabled veteran in its employment application process, policies and practices. The Yellowstone Mountain Club Rural Fire District is an equal opportunity employer.**

**OFFICE USE ONLY**

**Application received:** \_\_\_/\_\_\_/\_\_\_

**Date of Interview:** \_\_\_/\_\_\_/\_\_\_

**Date accepted:** \_\_\_/\_\_\_/\_\_\_

**Date rejected:** \_\_\_/\_\_\_/\_\_\_

**NOTES**

**IF APPLICANT IS HIRED - FILL IN THE BELOW INFORMATION:**

**Date of Birth:**

**SSN:**