WELCOME & MISSION

Thank you for your interest in serving with Evergreen Fire Rescue. Since 1948, our department has protected the community through dedicated fire, rescue, and emergency medical service. This work can be demanding, unpredictable, and deeply rewarding. We value preparation, teamwork, professionalism, and service.

OUR MISSION

When called to duty, the members of Evergreen Fire Rescue will respond in a safe and timely manner to provide excellent service to the people who live, work, visit, or travel through the Evergreen Fire District.

Regardless of the nature of the emergency, service will be provided without prejudice. We continually strive to improve through careful member selection, training, education, and review of the services we provide. Our goal is to provide professional and courteous service in times of need.

HOW TO COMPLETE THIS PACKET

- Complete all applicable fields. Enter N/A when a question does not apply.
- A résumé may be attached, but does not replace the requested information.
- Use the tab key to move between fields. Save a copy before submitting.
- Authorization and confidentiality forms are included at the end of this packet.

CONTACT

2236 Highway 2 East | Kalispell, MT 59901 | (406) 752-4636

EVERGREEN FIRE RESCUE

STRENGTH • HONOR • COMMITMENT

APPLICANT INFORMATION

SECTION 01

POSITION SOUGHT

Select the position for which you are applying:

- ☐ Full-Time Firefighter/Paramedic
- ☐ Full-Time Firefighter/EMT
- ☐ Reserve/PRN Firefighter EMT
- ☐ Reserve/PRN Firefighter Paramedic

PERSONAL & CONTACT INFORMATION

Full legal name

Preferred name (optional)

Street address / P.O. box

City

State

ZIP code

Primary phone

Alternate phone

Email address

AVAILABILITY & ELIGIBILITY

Earliest available start date

Shift / schedule notes (optional)

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Do you have a current, valid driver license? ☐ Yes ☐ No

Do you hold a commercial driver license (CDL)? ☐ Yes ☐ No

Issuing state

License class (if applicable)

Expiration date

For sensitive identifiers (e.g., Social Security number), use the separate background authorization section and follow the department's secure submission instructions.

EXPERIENCE & SKILLS

SECTION 02

RELEVANT SKILLS

1. Fire and EMS Experience

Describe fire response, patient care, incident command, volunteer service, and relevant responsibilities.

2. Computer and Documentation Skills

Include report writing, data entry, software programs, and technology used.

3. Tools, Apparatus, and Equipment

Describe tools, apparatus, machinery, or operational equipment with which you are proficient.

4. Licenses, Certifications, and Specialized Training

Include issuing agency, certification level, and expiration date if applicable.

CREDENTIALS & EDUCATION

SECTION 02-03

RELEVANT CREDENTIALS

Enter certification numbers, issuing agencies, expiration dates, or other details as applicable. Enter N/A if not applicable.

FF1

FF2

Fire Officer

Driver/Operator Pumper

Driver/Operator Aerial

HAZMAT

High/Low Angle Rescue

Other

EDUCATION

Include completed schooling and relevant coursework. Enter N/A as needed.

HIGH SCHOOL

School name and location	Years completed	Diploma / degree / course of study

VOCATIONAL / TECHNICAL

School name and location	Years completed	Diploma / degree / course of study

COLLEGE / UNIVERSITY

School name and location	Years completed	Diploma / degree / course of study

GRADUATE / PROFESSIONAL

School name and location	Years completed	Diploma / degree / course of study

WORK HISTORY

SECTION 04

EMPLOYMENT HISTORY

List most recent experience first

Include military, volunteer, and related service. List promotions as separate positions when appropriate.

EMPLOYMENT 01

Employer / organization | Position / title | Supervisor

Employer address | Phone | From (MM/YYYY) | To (MM/YYYY)

DUTIES / RESPONSIBILITIES | REASON FOR LEAVING

EMPLOYMENT 02

Employer / organization | Position / title | Supervisor

Employer address | Phone | From (MM/YYYY) | To (MM/YYYY)

DUTIES / RESPONSIBILITIES | REASON FOR LEAVING

EMPLOYMENT 03

Employer / organization | Position / title | Supervisor

Employer address | Phone | From (MM/YYYY) | To (MM/YYYY)

DUTIES / RESPONSIBILITIES | REASON FOR LEAVING

WORK HISTORY (CONTINUED)

SECTION 04

EMPLOYMENT 04

Employer / organization | Position / title | Supervisor

Employer address | Phone | From (MM/YYYY) | To (MM/YYYY)

DUTIES / RESPONSIBILITIES | REASON FOR LEAVING

EMPLOYMENT 05

Employer / organization | Position / title | Supervisor

Employer address | Phone | From (MM/YYYY) | To (MM/YYYY)

DUTIES / RESPONSIBILITIES | REASON FOR LEAVING

EMPLOYMENT 06

Employer / organization | Position / title | Supervisor

Employer address | Phone | From (MM/YYYY) | To (MM/YYYY)

DUTIES / RESPONSIBILITIES | REASON FOR LEAVING

INTERNAL REVIEW

SECTION 04

FOR OFFICE USE ONLY

Department personnel

Application received by

Date received

Application reviewed by

Date reviewed

Applicant interviewed by

Date interviewed

Hire / appointment date

Termination date (if applicable)

Reason for separation (if applicable)

Department note: This section is intended for Evergreen Fire Rescue personnel only. Applicants should leave these fields blank unless instructed otherwise.

REFERENCES

SECTION 05

Provide at least three professional references and at least three personal references. Please provide complete, current contact information.

PROFESSIONAL / JOB-RELATED

PROFESSIONAL REFERENCE 1

Name

Phone

Title / relationship

Address / location

PROFESSIONAL REFERENCE 2

Name

Phone

Title / relationship

Address / location

PROFESSIONAL REFERENCE 3

Name

Phone

Title / relationship

Address / location

PROFESSIONAL REFERENCE 4

Name

Phone

Title / relationship

Address / location

PERSONAL

PERSONAL REFERENCE 1

Name

Phone

Title / relationship

Address / location

PERSONAL REFERENCE 2

Name

Phone

Title / relationship

Address / location

PERSONAL REFERENCE 3

Name

Phone

Title / relationship

Address / location

PERSONAL REFERENCE 4

Name

Phone

Title / relationship

Address / location

ADDITIONAL INFORMATION & CERTIFICATION

SECTION 06

ADDITIONAL INFORMATION

Describe any additional information that may help us evaluate your application.

Include relevant experience, motivation, availability, or any other helpful details.

APPLICANT CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that omissions or misrepresentations may result in the application not being considered or may affect employment or membership. I authorize Evergreen Fire Rescue to verify information supplied in this application as permitted by law.

Applicant Signature / Typed Name

Date

Incomplete or unsigned applications will not be considered.

AN EQUAL OPPORTUNITY EMPLOYER

BACKGROUND INVESTIGATION AUTHORIZATION

SUPPLEMENT A

Adapted from the original background investigation form. Complete sensitive identifiers only as directed by the department; submit through a secure channel.

I, the undersigned, am seeking employment or a volunteer assignment with Evergreen Fire Rescue. I acknowledge that an investigation into my background may be necessary to protect employees, patients, and the public. I voluntarily authorize Evergreen Fire Rescue to investigate my past employment, education, qualifications, and relevant activities to the extent permitted by law. I authorize persons and organizations holding relevant information to release that information to Evergreen Fire Rescue or its authorized agents as allowed by law.

I release Evergreen Fire Rescue and those providing information in good faith from liability arising from a lawful disclosure, to the extent permitted by applicable law. This authorization remains effective unless revoked in writing, subject to applicable legal requirements.

APPLICANT IDENTIFICATION

Full legal name

Complete mailing address

Date of birth

SSN (secure submission only)

Driver license number

Driver license issuing state

Other name(s) used (if applicable)

Applicant Signature / Typed Name

Date

NOTARY ACKNOWLEDGMENT

State of Montana. The person named below personally appeared before me and acknowledged signing.

County

Acknowledgment date

Name of person appearing

Notary public / signature

Commission expires

Notary seal / stamp (affix when signed)

EVERGREEN FIRE RESCUE

STRENGTH • HONOR • COMMITMENT

CONFIDENTIALITY AGREEMENT

SUPPLEMENT B

This agreement is intended for use upon employment or membership and should be reviewed and signed according to Evergreen Fire Rescue policy.

Agreement effective date

Member / employee full name

CONFIDENTIALITY

Evergreen Fire Rescue and the Evergreen Fire District have access to sensitive and confidential information, including patient care, medical, personnel, operational, and other protected information (collectively, "Confidential Information"). This information is a valuable responsibility of the organization and must be protected.

As an employee or member, I agree not to disclose, share, or communicate Confidential Information to an unauthorized third party, directly or indirectly, except when permitted or required by law and departmental policy. In particular, I will not disclose information concerning patients treated or transported without appropriate authorization.

I agree to safeguard Confidential Information during and after my service with the department and to follow all applicable privacy, records, and information-security requirements. I understand that an unauthorized disclosure may lead to disciplinary action, up to and including termination of employment or membership, and may result in other consequences under applicable law.

ACKNOWLEDGMENT & SIGNATURES

EMPLOYER Evergreen Fire Rescue / Evergreen Fire District

Authorized representative (signature / typed name)

Date

MEMBER / EMPLOYEE

Signature / typed name

Date

Print full name

Signing note: Text fields allow typed names, but they do not create a certificate-based digital signature. If a handwritten or verified electronic signature is required, sign using your PDF viewer's signing tool or print and sign the document.