



Application for Paid On Call Fire Fighter Bismarck Rural Fire Department

Last Name	First Name	Middle Name	Date of Birth
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Address	City	State	Zip Code
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Phone# (home)	Phone# (cell)	Email Address
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Social Security #	Driver's License #	Expiration Date	State Issued
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Emergency Contact: Name	Phone #	Relationship
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Have you submitted an application at Bismarck Rural Fire Department Before? Yes/NO

Have you been charged with or convicted of a misdemeanor or felony Yes/NO

If Yes, Explain: _____

(A criminal conviction record does not constitute an absolute bar from a position with this department. The nature of the conviction record will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the appointed position.)

EDUCATION

Circle highest grade completed: Circle highest grade completed: GED 8 9 10 11 12 College

High School: _____ Graduation Date: _____

College or University: _____ Graduation Date: _____

Trade/ Business School: _____ Graduation Date: _____

Firefighting Training (FF I, FF II, Hazemat, etc) _____

Attach Documentation

Medical Training (EMR, EMT, CPR, etc:) _____

Military Branch: _____ Rank: _____ Date of Duty: From _____

REFERENCES: (not relatives)

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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ADDITIONAL INFORMATION

II. Do you have any medical conditions with the Department should be made aware of in order to accommodate you during an emergency? (i.e., diabetes, heart condition, claustrophobia, etc.):

I. Do you have a current commercial driver's license?

III. List all traffic violations with dates and locations for past 5 years

IV. Have you ever been terminated from employment or resigned from employment involuntarily? YES/NO
If Yes, explain:

V. Are you now or have you been a member with a volunteer or career fire department? YES/NO
If yes, please list name of organization, address and date of membership:

VI. Why do you want to work for the Bismarck Rural Fire Department?

VII. Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. If you wish, use the space below to summarize any additional information necessary to describe your full qualifications. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status:

EMPLOYMENT HISTORY

List present employer or most recent employer first.

May we contact these employers concerning your qualifications, etc? YES/NO

1. Employer	Address		
Job Title	Supervisor's Name	Phone #(Business)	
Duties: _____			

Reason For Leaving: _____			

2. Employer

Address

Job Title

Supervisor's Name

Phone #(Business)

Duties: _____

Reason For Leaving: _____

3. Employer

Address

Job Title

Supervisor's Name

Phone #(Business)

Duties: _____

Reason For Leaving: _____

CERTIFICATION OF APPLICATION:

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected and if appointed, I may be removed from the duties of the position with the Bismarck Rural Fire Department (BRFD). I understand that under Title VII of the Civil Rights Act of 1964 and the North Dakota Human Rights Act, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex or on the basis of age, physical or mental disability. I further understand that this application and other information relating to a position with the BRFD I have furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. The BRFD has my permission to thoroughly investigate my work, medical and personal history which is related to the position with the department. I certify that I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

I further understand that if I am appointed to the BRFD, such a position is for an indefinite period of time, that either I or the BRFD can terminate such appointment at anytime, and that the BRFD can change conditions and/or benefits at anytime.

The BRFD operates continuously and you are expected to perform services in accordance with the policies and procedures of the department.

Signature of Applicant _____ Date _____

RELEASE:

Having made application with the Bismarck Rural Fire Department (BRFD) and desiring them to be informed as to my previous record and character, I hereby authorize the BRFD to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and persons whomsoever from any damage because of furnishing said information.

Signature of Applicant _____ Date _____

Internal use only		
Application Number: _____	Date Received: _____	Received By: _____