



Application

Personal Information

Date Date of Birth

Last name First name Middle name

Physical Address

Street City State Zip

Mailing (if different)

Street City State Zip

Cell number Daytime number Evening number

Email address Length of residency in Carbon County

Driver License State Class Expires Social Security Number

Have you ever been convicted of a crime or imprisoned? Yes No If so, please explain below:

Ever applied to be a member before? Yes No If so, when? _____

Referred by: _____

Education

High school Date Completed

College Dates

Degree: Subject

Technical School Dates

Degree Subject

Special Skills

Areas of special study or research

Activities (civic, athletic, etc.) you may omit those that indicate your race, creed, sex, marital status, national origin. Etc.

US Military Service Rank Dates

Certifications (if applicable)

Type	Date Issued	Date Expires

Emergency Service Experience

Organization Position Dates

Contact Name Contact phone Reason for leaving

Organization

Position

Dates

Contact Name

Contact phone

Reason for leaving

Organization

Position

Dates

Contact Name

Contact phone

Reason for leaving

Employment

Organization 1

Position

Dates

Contact Name

Contact phone

Reason for leaving

Organization 2

Position

Dates

Contact Name

Contact phone

Reason for leaving

Organization 3

Position

Dates

Contact Name

Contact phone

Reason for leaving

Which of these jobs did you like best and why?

References – 2 people not related to you, who you have known for at least 2 years

Name

Years acquainted

Relationship

Phone

email address

Name

Years acquainted

Relationship

Phone

email address

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am member, my membership may be terminated at any time. I understand that emergency services is very physically and emotionally demanding and I am in the physical, medical and mental condition to fulfill the job duties. In consideration of my membership, I agree to conform to the rules and regulations of Red Lodge Fire Rescue

I authorize the release of any and all information on any criminal and/or driving record which law enforcement agencies may have concerning me. I release Red Lodge Fire Rescue, Red Lodge Rural Fire District #7, the City of Red Lodge, Red Lodge / Roberts Ambulance District, the Carbon County Sheriff's Office and any law enforcement agency receiving this request, their members, and employees from any liability or damage which may result from furnishing the information requested.

Signature

Date

Printed Name