



## Montana Vista Fire Rescue Application for Employment

Dear Applicant,

Thank you for showing interest in the Montana Vista Fire Rescue. By picking up this application packet, you have shown that you have an interest in protecting and helping the citizens of our community. Upon completion of this application packet you will find this job to be an important commitment.

Please read this packet carefully.

1. The application is for a volunteer organization and the information should be provided on a voluntary basis. If you need additional space to complete any of the questions, use a blank sheet of paper. If you have any questions feel free to call the listed contacts. Fill in ALL the blanks, make sure the application is signed and dated. Any unsigned/incomplete applications are not acceptable and will result in automatic rejection.
2. Authorization for release of information: This allows the Montana Vista Fire Rescue to obtain any information of your application through a background check with city, state and federal law enforcement agencies.
3. The Montana Vista Fire Rescue is headed by a Fire Chief, who has the right to refuse or deny membership to any applicant.

Respectfully,  
Montana Vista Fire Rescue, Inc.  
El Paso County E.S.D. #2



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- Support/Amin. Staff       Firefighter       Emergency Medical Services

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Last, First, Middle

Sex: M F      Marital Status: Single, Married      Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### Mailing (if different from your home address)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Work:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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1. Are you legally authorized to work in the U.S.?  Yes  No
2. Are you 18 years of age?  Yes  No
3. Do you have any physical or health limitations that could interfere with your performance on the job.  Yes  No

If you answered "yes", please explain:

4. Do you have any commitments or responsibilities that might prevent you from meeting the job requirements?

If you answered "yes", please explain:

5. Do you have any relatives in the Fire Department?  Yes  No If so who? \_\_\_\_\_
6. Have you previously applied for this position?  Yes  No If yes when? \_\_\_\_\_



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## Personal Information for Background Checks/Investigations Waiver

The Montana Vista Fire Rescue conducts driving and national background checks and/or investigations on top candidates requesting membership with the Montana Vista Fire Rescue. A conviction does not automatically bar an individual from membership. Each case will be considered individually. The information below is required.

(Print)Last Name	First Name	Date of Birth	Social Security Number			
Place of Birth	Gender	Race	Height	Weight	Eyes	Hair
Driver's License Number	State	Exp. Date	Position Applying For			

Have you ever been convicted, served probation or pretrial diversion for a violation of the law other than a minor traffic violating?  Yes  No  
If "Yes", please provide details and specific dates:

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I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based on information I have provided.

(Print) Name	Signature	Date
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## Montana Vista Fire Rescue Application for Employment

I acknowledge and understand that applications to become a Firefighter/EMS with the Montana Vista Fire Rescue require the following commitment:

1. Refer to Department S.O.P./Policies

Selected applicants will be subject to a 6 – month probationary period. The following must be completed or accomplished during the 6 – month probationary period.

1. Attend monthly Department Meetings (third Friday of the Month).
2. Attend training with the Fire Department.
3. Attend functions of the Fire Department.
4. And participate in Department On Duty Schedules.

I understand that if I should be accepted as a member of the Montana Vista Fire Rescue, I will uphold the constitution and by-laws of this department. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement of misrepresentation will result in immediate dismissal from the Montana Vista Fire Recsue.

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Signature of Applicant

Date



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## Availability and Employment History

1. What days are you available? \_\_\_\_\_
2. What hours are you available? \_\_\_\_\_
3. Have you ever volunteered/worked with another fire department?  Yes  No

If you answered "yes", which department(s)? \_\_\_\_\_

1. Do you hold any current firefighter certifications?  Yes  No

If you answered "yes", please explain:

2. Do you hold any current medical certifications?  Yes  No

If you answered "yes", please explain:

3. Do you hold any specialty training that you can use in the fire service?  Yes  No

If you answered "yes", please explain:



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## Requirements for Membership to the MVFR

- Must be at least 18 years of age
- Must be a Citizen of the United States.
- Must provide a copy of state issued identification card/driver license (DL preferred)
- Must provide a copy a high school diploma.
- Must provide a copy of social security card.
- Must provide a copy of physical evaluation certification. (Not older than six months).
- Must provide a copy of driving record. (Not older than six months).
- Must provide a copy of current Emergency Medical Services certification for E.M.S..

The above listed items must be attached to the application packet for membership consideration. (All applications must be submitted at the Montana Vista Fire Rescue Headquarters located at 13978 Montana Ave. in El Paso, Texas.

**INCOMPLETE APPLICATIONS WILL BE NOT ACCEPTED**

**Montana Vista Fire Rescue, Inc.**

Chief Glidden  
13978 Montana Ave.  
El Paso, Texas 79938  
915-856-1080 (office)  
915-549-4524 (cell)