



HEBGEN BASIN FIRE DISTRICT

P.O. Box 1508 • West Yellowstone, MT 59758

Station 1

10 S. Faithful

West Yellowstone, MT 59758

Station 2

20 Tern Lane

West Yellowstone, MT 59758

Station 3

10 Denny Creek Road

West Yellowstone, MT 59758

406-646-9094 • 406-646-9090 fax

Last Name	First Name	Middle Name	SSN	Date of Birth
PO Box	Street Address	City	Time at Address	
Home Phone	Cell Phone	Work Phone		
Spouses Name				
Person to Notify In Case of Emergency		Phone	Relation	
Your Employer		How long at current job?	Phone	
Have you ever been convicted of a criminal offence including traffic? If yes please state details				Yes / No
Circle Highest Grade Completed 6 7 8 9 10 11 12			College Years 1 2 3 4	
School Name	Trade School(s) Name		College Name	
Year Graduated	Year Graduated		Year Graduated	
Degree	Degree		Degree	
City / State	City / State		City / State	
Military Branch:	Rank:	Rate:		
Height:	Weight:			
Personal References, please list at least two excluding relatives.				
Name:	Address	Phone Number	Known how long?	
Name:	Address	Phone Number	Known how long?	
Name:	Address	Phone Number	Known how long?	
Employment Information, start with most current employer				
Name of Employer:	Address	Phone	Supervisor	How Long?
Name of Employer:	Address	Phone	Supervisor	How Long?
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Experience:	
How did you learn about Hebgen Basin Fire District?	
Have you ever been on a Fire Dept or Ambulance Service?	Yes / No
Where?	How Long?
Chief:	Phone:
Do you have any Medical Training?	Yes / No
If yes please list your status:	
List any equipment training you may have including trucks, hand tools, etc.	
List any Hobbies, organizations, or special interest you are involved in:	
List who you know at the Hebgen Basin Fire District:	
By signing below you have certified that all the information contained in this application is true. You also understand that the HBFD and/or WYPD will verify that all the information contained within this application and will preform a ID and background check. You will also be required to provide two forms of ID and complete a Federal I-9 form if this application is accepted.	
Signature	Date



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I _____ hereby give permission to the Hebgen Basin Fire District to conduct a complete investigation into my background for the purpose of being a member of the Hebgen Basin Fire District.

This includes, but is not limited to: criminal records (local, state, federal), employer evaluations, personnel records, financial records, and any other pertinent information related to this position.

You may be required to be fingerprinted.

This background check is being completed due to the fact that members of the Hebgen Basin Fire District will have access to restricted and sensitive information in the fire station and dispatch office. Members may be requested to sit in with dispatchers to observe or assist in dispatch operations.

Signature

Printed Name

Signature of Parent or Guardian (for Minor)

Date

Printed Name of Parent or Guardian

Date of Birth

Social Security Number

Previously used names

Police Department Use Only

Approved

Denied

Date: _____

Chief of Police: _____

HEBGEN BASIN FIRE DISTRICT INTERESTS CHECK-OFF SHEET

Name: _____

Please check all that apply:

- _____ Interior Structural Firefighting
- _____ Exterior Defensive Firefighting
- _____ Wildland Firefighting
- _____ Auto Extrication
- _____ Medical / Ambulance Calls
- _____ Traffic Control Operations
- _____ Rescue Operations
- _____ Fundraising
- _____ Web Site Design
- _____ Grant Writing
- _____ Record Keeping
- _____ Public Information Officer(s)
- _____ Community Services (blood pressures, lobbying, ect.)
- _____ Fire Dept. Community Advisory Board
- _____ Instruct Classes (when / if qualified)
- _____ Training: EMT / First Responder / CPR / First Aid
- _____ FEMA Courses
- _____ Fire Prevention in the workplace
- _____ Youth Education
- _____ Assist in the Cadet Program
- _____ Develop a Fitness Program
- _____ Other: _____