



**Central Valley Fire District  
Application Packet  
Application Instructions 2026**

Central Valley Fire District is currently accepting applications for the position of Engine Boss, seasonal positions. Qualified applicants may apply by completing this application packet. If you believe CVFD would be a good fit for the type of fire service career you desire, please submit the following items:

- Letter of Interest
- Completed and signed CVFD application form (included in this packet)
- Copies of:
  - Forestry, Basic Fire, Wildland Fire and ICS Certifications
- If applicable:
  - DD-214 showing military discharge status
  - Certification of eligibility for Montana Disabled Person's Employment Preference

***Please only send the items listed above. Do not send resumes or certificates that have not been requested.***

Send complete Application packets to:

**Central Valley Fire District - Application  
215 Wings Way  
Belgrade, MT 59714**

You may place your packet in the drop box in the entry way.

You are welcome to email [administrator@centralvalleyfire.com](mailto:administrator@centralvalleyfire.com) to confirm that it has been received. Position will remain open until filled.

**Application Deadline is: Thursday, February 26th, 2026 at 5:00 pm.**

Electronic copies of the application packet may be emailed to [administrator@centralvalleyfire.com](mailto:administrator@centralvalleyfire.com), but must be readable and must be signed by the applicant. No electronic signatures will be accepted. If you do submit your application electronically, please expect an email confirmation of receipt of the electronic submission.

***Incomplete, late, and/or unsigned applications may not be considered.***

We look forward to receiving your application!

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## CENTRAL VALLEY FIRE DISTRICT APPLICATION

1. Complete this application by typing or printing in ink. An application tailored to the position is to your advantage. **Please indicate which position you are applying for.**
2. If a question does not apply to you, write "N/A"
3. The Application form is reviewed separately from any other materials submitted and will be used to evaluate your qualifications for this position. Therefore, you must answer all questions rather than referring to other materials you may have submitted.
4. Read the Application Instructions and Announcement of Position Vacancy carefully to find:
  - a. What attachments must be submitted
  - b. Where to submit your application materials
  - c. The closing date for receipt of application materials
  - d. The required special qualifications or licenses
5. You may attach additional sheets, if necessary. If you do so, however, make reference to the item number you are addressing.
6. The CVFD makes reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For CVFD to consider any such accommodation, the applicant must make known any needed accommodation.
7. **LATE, INCOMPLETE and/or UNSIGNED application materials, including those which do not follow the instructions, may NOT be considered.**

### APPLICANT INFORMATION:

Name (Last, First, Middle):			
Mailing Address:	City	State	Zip Code
Phone:	Home: (    )	Work/Other (    )	
Email Address:			

**Position Applying For:** \_\_\_\_\_

**READ THE ANNOUNCEMENT OF POSITION VACANCY BEFORE ANSWERING THE FOLLOWING QUESTION:** Can you perform the essential functions of this position, with or without reasonable accommodation?  Yes  No.  
If no, please explain: \_\_\_\_\_

### EDUCATION:

High School Diploma or GED?  Yes  No

Post High School Education:	Vocational/Technical or other	Undergraduate College/ University	Graduate College/ University
School Name			
City/State			
Check box for number of years completed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Diploma/Degree: (e.g. AA/BS/MBA/Ph.D.,)			
Field of Study			

**LICENSES/REGISTRATION:**

1. Driver's License:      Operator              CDL              State: \_\_\_\_\_              Expiration \_\_\_\_\_

2. Other Licenses/Registration/Certifications:

License/Certification	Certifying Agency, including City, State	Endorsements/Restrictions	Licensed Since (Date)	Expires (Date)

**RELEVANT SKILLS:** Please list all the skills you possess that are relevant to this position. If the space provided is not adequate, you may respond to this section by attaching a separate sheet of paper.

1. Skills with office machines and computers, e.g. types and examples of software :
  
  
  
  
  
  
  
  
  
  
2. Skills with Fire Service relevant tools/equipment:

**AVAILABILITY:**

- a. Date you are available to work:
  
  
- b. Will you accept:              Full-Time              Part-Time

**WORK EXPERIENCE (on the following page):**

**Instructions: Beginning with today:** List all your experience relevant to the position for which you are applying. Include paid and unpaid experience. If the space provided is not adequate, you may respond to this section on a separate sheet of paper if all questions are answered and the same format is followed. **This information must be completed even if other application materials are submitted. DO NOT ATTACH A RESUME IN LIEU of this form.**

**NOTICE TO APPLICANTS:** All information you provide on this application is subject to verification. Previous employers may be contacted as references and for verification. **Do you want to be informed before we contact your present employer?**    Yes              No.

Employer Name:		Job Title:		
<i>Employer Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Immediate Supervisor:			Phone	
Job Description (duties, skills, equipment used:				
Dates:	From <i>(mm/yy)</i>	To <i>(mm/yy)</i>	Full time Volunteer	Part-time #Hrs per week_____
Reason for Leaving:				

Employer Name:		Job Title:		
<i>Employer Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Immediate Supervisor:			Phone	
Job Description (duties, skills, equipment used:				
Dates:	From <i>(mm/yy)</i>	To <i>(mm/yy)</i>	Full time Part-time Volunteer	#Hrs per week_____
Reason for Leaving:				

Employer Name:		Job Title:		
<i>Employer Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Immediate Supervisor:			Phone	
Job Description (duties, skills, equipment used:				
Dates:	From <i>(mm/yy)</i>	To <i>(mm/yy)</i>	Full time Part-time Volunteer	#Hrs per week_____
Reason for Leaving:				

**MILITARY** – Are you a Veteran of Military Service?      Yes      No

**HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE CENTRAL VALLEY FIRE DISTRICT?**      Yes      No  
If Yes”, list each position applied for and the date(s) you applied:

**IF RELATED TO ANYONE IN OUR EMPLOY, GIVE NAME AND RELATIONSHIP:**

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR OTHER CRIME?**      Yes      No  
EXPLANATION:

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME THAT COULD HAVE RESULTED IN IMPRISONMENT IN A FEDERAL OR STATE PENITENTIARY?**      Yes      No (Under MCA 7-33-4107, an affirmative answer is an automatic disqualifier from consideration for paid firefighter positions.)

**PROFESSIONAL REFERENCES:** Please provide the following information for persons who know about your work/training.

Name	Address	Phone Number

**APPLICANT CERTIFICATION**

*I hereby certify that all information on this application and all attached materials is true, correct, and complete to the best of my knowledge and contains no falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.*

**Submit only the information requested on the Application Instruction Sheet.**

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Sign and submit as instructed.

**SIGNATURE MUST BE ORIGINAL. ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED.**

# CENTRAL VALLEY FIRE DISTRICT CONFIDENTIAL APPLICANT SURVEY

The Montana Human Rights Act requires the Central Valley Fire District to make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed. This Survey will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful purposes. The information you and others provide will be used to monitor the CVFD's recruitment and selection practices. This form is optional: failure to complete this form will have no impact on any employment decision.

1. Age: \_\_\_\_\_

2. Sex (check one):  Male  Female

3. Race/Ethnicity - Please check the one category which best describes your recognition in your community:

- White** (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

4. To claim **Montana Persons with Disabilities Employment Preference**, you must have resided continuously in Montana for at least one year immediately applying for employment, and must be: (check one of the boxes below):

- A person with a disability** certified by the Department of Public Health and Human Services (DPHHS), or
- The spouse** of a totally (100%) disabled person certified by DPHHS.

*If you are requesting a Montana Disabled Persons' Employment Preference, don't forget to include proof of eligibility!*

5. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and be (check one of the boxes below):

**A Veteran** if:

1. You were separated under honorable conditions, **AND:**

You served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized; or.

2. You are or have been a member of the Montana army or air national guard who satisfactorily completed a minimum of 6 years of service in armed forces, the last 3 years of which have been served in the Montana army or air national guard.

**A Disabled Veteran**, if

1. You have been separated under honorable conditions from active duty, and

2. You have an established Armed Forces, service-connected disability or are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR

3. You have received a Purple Heart.

**The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.

**The unremarried surviving spouse of a veteran or disabled veteran.**

**The mother of a veteran**, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, or THE VETERAN has a service-connected, permanent, and total disability, and

2. YOUR SPOUSE is totally and permanently disabled, or you are the unremarried widow of the father of the veteran.

*If you are requesting a Veterans' Employment Preference, don't forget to include a copy of your DD-214!*

6. Where did you first learn of this position?

Newspaper ad/journal ad

A friend/family member

Job Service

Female, minority or disabled person's referral agency

Community Organization

CVFD Website

Internal Posting

Other: (please specify) \_\_\_\_\_

\*\*\*\*\*

CVFD Use: Date received: \_\_\_\_\_ Disposition: \_\_\_\_\_