

EMERGENCY FIREFIGHTER EMPLOYMENT FORM

Paycheck and W-2 will be mailed to the address listed below.

See 2018 Payroll Calendar for the State Payday Schedule. Please note that **ORIGINAL** EFF Time sheets must be turned in to your **local land office** by the **Pay Period Ending Date** or you may not meet the pay cycle causing your check to be delayed.

Once Payroll has received your time sheet, it will be processed in compliance with the state wide payroll system of a bi- weekly payroll cycle. *Emergency Fire Fighters are short term workers and do not received benefits. They will be terminated at the end of their assignment.*

Date: [REDACTED]		Name: [REDACTED]	
Land Office or Unit	[REDACTED]	Please Print Full Name (as it appears on your social security card)	
Employee Contact Information below <u>MUST</u> be filled out. <i>If your mailing address is <u>different</u> from your physical address please list both of your addresses.</i>			
Mailing Address		Physical Address	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Cell Phone:	[REDACTED]	Home Phone:	[REDACTED]
Social Security Number:		Date of Birth:	
[REDACTED]		[REDACTED]	
Marital Status:	(circle one)	Single	Married
Gender:	(circle one)	Male	Female
Emergency Contact Information:			
Name:		Relationship:	
[REDACTED]		[REDACTED]	
Cell Phone:	[REDACTED]	Home Phone:	[REDACTED]
Home Address:		Work Place:	
[REDACTED]		[REDACTED]	
		Address:	
		[REDACTED]	
Current or Past State of Montana Employee Information Section		(circle one)	
Are you a Current or Past State of Montana Employee (other than with DNRC)?		CURRENT	PAST
[REDACTED]			NO
Are you a retiree from the Public Employees' Retirement System (PERS)?		YES	NO
[REDACTED]			
If current State of Montana employee:			
Name of Agency:		Name of your State Payroll Contact (please print):	
[REDACTED]		[REDACTED]	
		Phone:	
		[REDACTED]	

Signature: _____

Date: _____