



Emergency Fire Fighter (EFF) Hire Packet



Emergency Fire Fighter (EFF)

**** Please have your ID documents for the I-9 scanned and saved to your computer before you click on the link****

- ❖ Click on packet link
- ❖ Enter your full legal name and email in the Power Form Signer Information box

PowerForm Signer Information

Instructions
Please enter your name and email to begin the signing process.

New Employee

Your Name: *
Full Name

Your Email: *
Email Address

Please provide information for any other signers needed for this document.

Conditional Recipient

Group Name
Supervisor

- ❖ Enter in the Rural or Volunteer fire department that you are working out of (If you are not associated with a rural/volunteer fire department, enter N/A)

VFD / RFD : _____

❖ Check the box next to your land office

(This will determine where the EFF packet will be routed to after its completed)

VFD / RFD : _____			
Land Office	Location	Point of Contact	POC Phone #
CLO: Air Operations	Helena	Wade Hendricks	(406)458-3522
CLO: Bozeman Unit	Bozeman	Katie Baret	(406)586-5243
CLO: Dillon Unit	Dillon	Jennifer McKay	(406)683-6305
CLO: Helena Unit	Helena	Jennifer Coulter	(406)851-7306
CLO: Conrad Unit	Conrad	Jennifer Coulter	(406)851-7306
Eastern Land Office	Miles City	Sarin Hoppe	(406)232-2034
Fire Protection Bureau	Missoula	Megan Fields	(406)542-4250
Forestry Division Office	Missoula	Megan Fields	(406)542-4250
Northeastern Land Office	Lewistown	Shannon Ruckman	(406)538-7789
Northwestern Land Office	Kalispell	Susan Dowler	(406)751-2245
NWLO-Kalispell Unit	Kalispell	Ken Hendrix	(406)751-2393
NWLO-Libby Unit	Libby	Tammy Lauer	(406)283-3525
NWLO-Plains Unit	Plains	Colette Morgan	(406)826-4720
NWLO-Stillwater	Stillwater	Colleen Ness	(406)881-2661
NWLO-Swan	Swan	Debra Selhost	(406)754-2301
Southern Land Office	Billings	Kristi Brown	(406)247-4409
Southwestern Land Office	Missoula	Daniel Miller	(406)542-4216
SWLO-Anaconda Unit	Anaconda	Keriann Orrino	(406)563-6078
SWLO-Clearwater Unit	Clearwater	Candice Hall	(406)244-2380
SWLO-Hamilton Unit	Hamilton	Carla Fox	(406)499-5106
SWLO-Missoula Unit	Missoula	Jenna Sharbono	(406)542-5813

❖ Enter in all personal information throughout the packet

(Once you fill out this page, your information will autofill throughout the rest of the packet)

Name: test

Please Print Full Name (as it appears on your social security card)

ALL Employee Contact Information below MUST be filled out.
If your mailing address is different from your physical address please list both of your addresses.

Mailing Address		Physical Address (Must be a Montana Address)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/> MT <input type="text"/>	
Primary Phone: <input type="text"/>	Email Address: <input type="text"/>		
Social Security Number: (Required) <input type="text"/>		Date of Birth: (Required) <input type="text"/>	
Marital Status: (circle one)	<input type="radio"/> Single	<input type="radio"/> Married	
Gender: (circle one)	<input type="radio"/> Male	<input type="radio"/> Female	
Emergency Contact Information:			
Name: <input type="text"/>		Relationship: <input type="text"/>	
Primary Phone: <input type="text"/>			
Home Address: <input type="text"/>			

- ❖ On the Decedent Warrant, you will have to enter the name, address, date of birth and SSN of your designee
(Please do not enter in your own information in this section)

Beneficiary Designation For Decedent's Final Warrants

Pursuant to [§2-18-412, MCA](#), I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the State of Montana had I survived.

All information is required.

Name of Designee _____
First Middle Last

Mailing Address _____
Street or PO Box City State Zip Code

Social Security Number _____ Date of Birth _____

My signature on this document indicates:

1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me.
3. If the above named designee cannot be contacted within sixty days after the date of my death, this designation shall be void and the warrant will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name _____
First Middle Last Social Security Number

Employee Signature Date

- ❖ On the I-9 page, you will be required to upload your ID docs
 - Please have your ID docs scanned and saved to your computer prior to starting the EFF packet
 - The packet will require that you upload at least one form of ID
 - Please review the lists provided to ensure you are uploading the correct documents
 - If you complete the packet and didn't upload the correct ID docs, the land office will reach out and get the correct docs from you



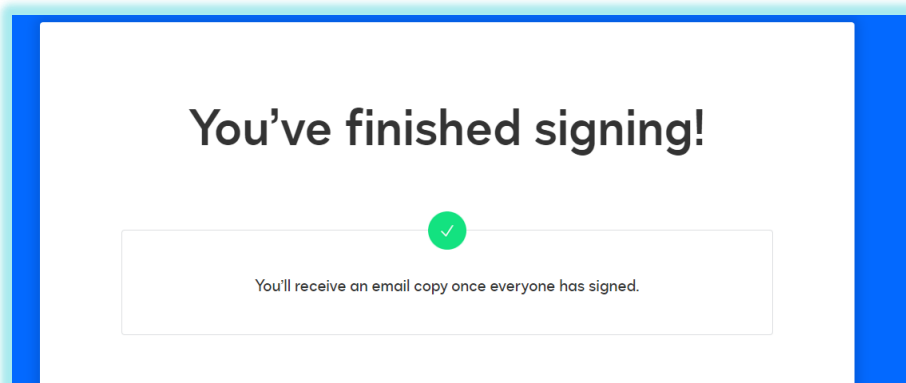
- ❖ If at any point you need to exit the packet before completing, please select 'FINISH LATER'
 - By clicking finish later, DocuSign will confirm your email address and send you an email with a link to pick up where you left off



- ❖ If you click the 'Finish' button before you have filled out all of the required fields, DocuSign will route you to the section that you are missing
- ❖ If you have completed all the required information, you can click 'finish' and it will submit your packet to the land office



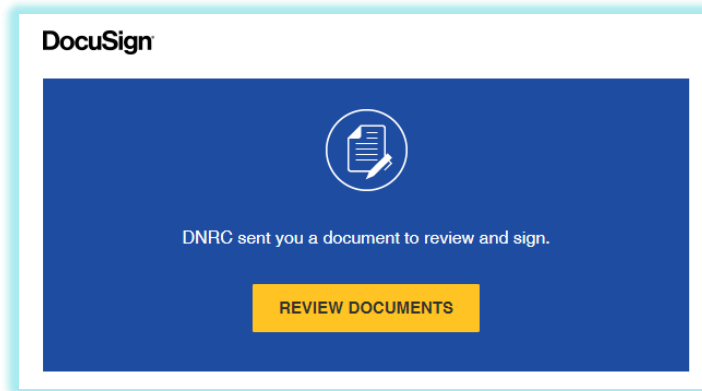
- ❖ When you click 'Finish' you will see the 'You've finished signing!' page



What happens after you submit?

Land Office

- ❖ The land office will receive an email notification that there is a new EFF packet and will click on the link, fill out their portion and the packet will be sent to Payroll



Payroll

- ❖ Payroll will receive an email notification that there is a new EFF packet and will click on the link, fill out their portion and the packet will be complete
- ❖ When payroll completes the packet, the EFF and land office will receive a completion email with the option to download the final packet

