

APPLICATION FOR EMPLOYMENT

**CLEARWATER-POTLATCH TIMBER PROTECTIVE ASSOCIATION, INC.
10250 HIGHWAY 12, OROFINO, ID 83544**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PLEASE PRINT

Date of Application _____

Position(s) Applied For _____

Camp Location Preference: ___ **Orofino** ___ **Headquarters** ___ **Boehls** ___ **Elk River**

(Please indicate camp preference ranking 1 through 4 and indicate if you prefer not to work at a particular location)

Name _____

Last

First

Middle

Mailing Address _____

City

State

Zip code

Telephone (____) _____ **E-Mail Address** _____

Have you filed an application here before? **Yes** **No** **If yes, give date:** _____

Have you ever been employed here before? **Yes** **No** **If yes, give date:** _____

Are you on a lay-off and subject to recall? **Yes** **No**

Are you willing to work in isolated locations for 14 - 21 days at a time? (Required in some locations)

Yes **No**

This position requires applicants to perform strenuous and arduous work outside for possible extended hours each day. Are you able to perform the essential functions of this position? **Yes** **No**

Wildland fire suppression positions require successful applicants to pass an arduous physical fitness test which consists of carrying a forty five pound pack for three miles in less than forty five minutes. Are you willing to perform this requirement? **Yes** **No**

Have you been convicted of a felony within the last 7 years? **Yes** **No**

If yes, please explain:

Give name, address, and telephone number of three references that are not related to you.

AN EQUAL OPPORTUNITY EMPLOYER

(Over)

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment, qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer:	Dates Employed: From To	Work Performed:
Address:	Telephone #:	Supervisor:
Job Title:	Hourly Rate / Salary: Starting Final	Reason for Leaving:
Employer:	Dates Employed From To	Work Performed:
Address:	Telephone #:	Supervisor:
Job Title:	Hourly Rate / Salary: Starting Final	Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience.

YOU MAY BE TERMINATED FOR NO CAUSE

Signature: _____

Signature & Address of Parent or Guardian if Under 18 Years of Age: _____

