Application for Employment

Clearwater-Potlatch Timber Protective Association, Inc.

10250 Highway 12 | Orofino, ID 83544

01 | Applicant information

On a phone, download this PDF and open it in Adobe Acrobat Reader. Tap the shaded fields, then save your completed copy before returning it. For signatures, type your full name or use Fill & Sign to draw.

Applicants are considered for all positions without regard to race, color, religion, sex (including pregnancy, gender identity and sexual orientation), national origin, age, marital, veteran or disability status.

Date of application

Position(s) applied for

First name

Middle name

Last name

Mailing address

City

State

ZIP code

Telephone (including area code)

Email address

Camp location preference: rank 1 = first choice, 2 = second choice, 3 = third choice.

Orofino (1-3)

Headquarters (1-3)

Elk River (1-3)

Have you filed an application here before?

◯ Yes ◯ No

If yes, give application date

Have you ever been employed here before?

◯ Yes ◯ No

If yes, give employment date

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02 | Employment experience

Start with your present or last job. Include military service assignments and volunteer activities.

Employer 1 - present or most recent

Employer

Job title

Employer address

Employed from

Employed to

Telephone

Supervisor

Starting hourly rate / salary

Final hourly rate / salary

Work performed

Reason for leaving

Employer 2 - previous

Employer

Job title

Employer address

Employed from

Employed to

Telephone

Supervisor

Starting hourly rate / salary

Final hourly rate / salary

Work performed

Reason for leaving

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

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03 | Requirements, references & skills

Are you on a layoff and subject to recall?

◯ Yes ◯ No

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

◯ 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

References

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

Reference 1: name, email address and telephone

Reference 2: name, email address and telephone

Reference 3: name, email address and telephone

Special skills and qualifications

Summarize skills and qualifications acquired from employment or other experience

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04 | Disclosures & authorization

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

Voluntary disclosure signature / full name

YOU MAY BE TERMINATED FOR NO CAUSE

Applicant signature / full name

Date signed

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05 | Driving & background consent

Driving information - addendum to C-PTPA application

Due to recently enacted insurance constraints more information is needed for driving purposes. Complete the following information. Please print legibly.

Driver's license number

Issuing state

Birthdate (MM / DD / YYYY)

Have you ever had your driver's license suspended or revoked in any state within the last (3) three years?

◯ Yes ◯ No

Statement of Consent for Background Investigation

I (full name)

Currently living at (address, city, state, ZIP)

do hereby agree of my own free will and without duress, intimidation or threats, to allow this agency to conduct a background investigation on me.

They can investigate my moral and legal character through any legal means they wish to employ. I hereby waive and release any and all claims and causes of action of every kind whatsoever against the investigators, examiners, and my previous or current employers. I have carefully read and understand all of the foregoing and am fully aware of what I am signing. Therefore, in acknowledgment thereof, I affix my signature hereunder.

Consent signature / full name

Date signed