

# APPLICATION FOR EMPLOYMENT



**Clearwater-Pollatch  
Timber Protective Association, Inc.**  
Protecting Idaho's Timber Since 1905

**10250 HIGHWAY 12, OROFINO, ID 83544**

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.

**PLEASE PRINT**

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Camp Location Preference: \_\_\_\_\_ Orofino \_\_\_\_\_ Headquarters \_\_\_\_\_ Elk River  
*(Please indicate camp preference ranking 1 through 3)*

Name \_\_\_\_\_  
First Middle Last

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 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

Give name, email 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.

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

*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**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 NO. \_\_\_\_\_ STATE \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
Month Day Year

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

Yes  No

**CLEARWATER-POTLATCH TIMBER PROTECTIVE ASSOCIATION  
STATEMENT OF CONSENT FOR  
BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, currently living at

\_\_\_\_\_, do hereby agree of my own free will  
(Address) (City) (State) (ZIP Code)

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature