

WORK EXPERIENCE (most recent first)

All employment for the past 10 years must be listed. Account for all time periods including military service, voluntary work and any periods of unemployment. Attach addition sheets if necessary

EMPLOYER	Job Title	Start Date
Address		
City, State, Zip		End Date
Supervisor		
Reason for leaving		
Job Duties		

EMPLOYER	Job Title	Start Date
Address		
City, State, Zip		End Date
Supervisor		
Reason for leaving		
Job Duties		

EMPLOYER	Job Title	Start Date
Address		
City, State, Zip		End Date
Supervisor		
Reason for leaving		
Job Duties		

EMPLOYER	Job Title	Start Date
Address		
City, State, Zip		End Date
Supervisor		
Reason for leaving		
Job Duties		

PERSONAL REFERENCES Do not list previous employers or relatives

Name	Phone Number	Address	Relationship	Email address (if available)
Name	Phone Number	Address	Relationship	Email address (if available)
Name	Phone Number	Address	Relationship	Email address (if available)
Name	Phone Number	Address	Relationship	Email address (if available)

ADDITIONAL INFORMATION

Describe all other relevant experience and training not listed in work or education sections of this application
Include any wildland specific and/or specialized training

PLEASE READ EACH STATEMENT BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening exam. I hereby consent to a pre and/or post-employment drug screen as a condition of employment if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____