

Education:

<i>Name and Location of School</i>	<i>No. Years/ Units Completed</i>	<i>Did You Graduate</i>	<i>Degree / Courses taken</i>
High School:			
University / Tech School:			
University / Tech School:			

Supplementary Education / Training:

In the space below list any training or licenses you've received. Include course name, date and issuing agency.

Driver Qualifications

*****If you are applying for a firefighter position and you have a valid driver's license, through the course of your employment, you may be asked to be trained in and to operate a commercial vehicle. Therefore, the following information is required. If you do not have a valid or current driver's license, you may proceed to the Past Experience Section.***

*****If you are applying for an equipment operator position, you are required to fill out the driver qualification section in full.***

Driver Qualifications

List the states and license numbers of all licenses held for the past 3 year

<u>State</u>	<u>License#</u>	<u>Exp Date</u>	<u>Class A, B, C</u>	<u>Endorsements</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driving Experience

Equipment Class	Type of Equipment Van, Flat, Tank, Etc.	Dates From:	To:	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/ Crashes for the Past 3 Years or More

Date	Nature of Accident (Backing, Head-On, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle

Have you ever been denied a license, permit or privilege to operate a motor vehicle YES NO

Has any license, permit or privilege ever been revoked? YES NO

If yes, attached statement giving details

Past Experiences / Employment Record / References:

Last Employer: _____ State _____
 Position Held: _____ CDL? Start Date: _____ End Date: _____
 Address: _____ City: _____ St. _____
 Supervisor Name: _____ Alternate Contact: _____
 Telephone #: _____ FAX (*required*): _____
 Reason for Leaving: _____

Last Employer _____ State _____
 Position Held: _____ CDL? Start Date: _____ End Date: _____
 Address: _____ City: _____ St. _____
 Supervisor Name: _____ Alternate Contact: _____
 Telephone #: _____ FAX (*required*): _____
 Reason for Leaving: _____

Last Employer _____ State _____
 Position Held: _____ CDL? Start Date: _____ End Date: _____
 Address: _____ City: _____ St. _____
 Supervisor Name: _____ Alternate Contact: _____
 Telephone #: _____ FAX (*required*): _____
 Reason for Leaving: _____

Last Employer _____ State _____
 Position Held: _____ CDL? Start Date: _____ End Date: _____
 Address: _____ City: _____ St. _____
 Supervisor Name: _____ Alternate Contact: _____
 Telephone #: _____ FAX (*required*): _____
 Reason for Leaving: _____

Last Employer _____ State _____
 Position Held: _____ CDL? Start Date: _____ End Date: _____
 Address: _____ City: _____ St. _____
 Supervisor Name: _____ Alternate Contact: _____
 Telephone #: _____ FAX (*required*): _____
 Reason for Leaving: _____

Present below any other information which relates to your ability to perform the job for which you are applying, such as licenses, memberships, language skills, academic and athletic achievements, community involvement, and volunteer experiences. Leave out information indicating race, national origin, color, religion, sex or any other protected category.

Please Answer the Following Questions:

- 1. Are you willing to be on call 24 hours a day, 7days a week, work long shifts, go weeks without a day off, endure adverse weather conditions, perform strenuous and prolonged physical labor and go extended periods without a bed, shower or phone. 1. Yes _____ No _____

- 2. Do you feel that you are physically fit to perform the duties required to be a wildland firefighter? 2. Yes _____ No _____

- 3. Firestorm W.F.S. Inc. is a smoke-free work place. If hired, will you comply to our company smoking polices? 3. Yes _____ No _____

- 4. You will be required to take a drug test and provide a pre-employment drug screen at your own expense. Will you agree to provide these results and testing? 4. Yes _____ No _____

- 5. Have you ever been convicted of a felony? 5. Yes _____ No _____

Firestorm WFS Inc. is an equal opportunity employer. All candidates will be considered for employment without regard to race, color, sex, religion, national origin and age. All applicants will be required to pass a drug test as well as a physical fitness test before being considered for employment.

Firestorm WFS Inc. is required by law to establish your identity and employment eligibility prior to hiring. You will be asked to provide the following documents at the time of hiring. If you do not have them readily available, please apply to the proper agencies and obtain them prior to the interview:

- | | | |
|-----------------------------|-----------|---------------------------------------|
| *Choose 1 from this column* | OR | *Choose 1 from EACH of these columns* |
| U.S. Passport | | Drivers License |
| Temporary Resident Card | | ID card issued by State |
| | | School ID Card |
| | | Social Security Card |
| | | Birth Certificate |

Submission of false information is grounds for employment and candidacy termination.

Please Print: I _____ verify that all information provided on this application is in fact true to the best of my knowledge and understand that if information is not true, my candidacy and/or employment will be terminated.

Signature of Applicant **Date**

Administration ONLY

Comments: _____

Fire Experience: Yes: _____ No: _____

Ranking:
1 2 3 4 5 6 7 8 9 10