Southern Idaho Timber

Protective Association, Inc.

(SITPA)

555 Deinhard Lane

McCall, ID 83638

208-634-2268

208-634-5117 (Fax)

[sstuart@sitpa.idaho.gov](mailto:sstuart@sitpa.idaho.gov)

**APPLICATION FOR EMPLOYMENT**

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or presence of non-job related medical condition or handicap.

The Southern Idaho Timber Protective Association (SITPA) is a “Drug & Alcohol Free Workplace”. Copies of SITPA’s drug and alcohol testing program policy & procedures are available at the McCall office during regular business hours for review by all prospective job applicants.

As a condition of employment, job applicants must possess a Valid Driver’s License and meet requirements to be insurable under the standard terms of SITPA’s private insurance policies. Official copies of Driver’s License records will be reviewed by SITPA and may be requested by SITPA’s insurance carrier at any time.

Successful completion of Work Capacity Test for wildland firefighters at the Arduous fitness level is a condition of employment. The Arduous fitness (Pack) test consists of completing a three (3) mile hike, within forty-five (45) minutes, while carrying a forty-five (45) pound pack.

Position(s) Applied For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest in McCall area or Cascade area: \_\_\_\_\_\_\_\_\_\_

State Drivers License Issued\_\_\_\_\_\_ DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (Street or P.O. Box) City State Zip Code

Home Phone Work/Other Phone

Date Available To Begin Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For How Long\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach additional sheets of paper if necessary for the following.)

Are you willing to work in isolated locations for a week (or longer) at time? (Fire assignments/Lookouts)

Yes\_\_\_\_\_ No\_\_\_\_\_

Describe your training and/or experience in fire fighting, if any:

Describe your experience in operation of power equipment such as chainsaws, pumps, 4X4 truck, etc.:

Describe any supervisory experience not shown on resume:

Are you able to perform strenuous and arduous work outside for 8-12 hours per day? Yes\_\_\_ No\_\_\_

Are you willing to handle/operate equipment such as chainsaws, shovels and fire fighting equipment?

Yes\_\_\_\_\_ No\_\_\_\_\_

MILITARY SERVICE

|  |  |
| --- | --- |
| Date Entered Service | Date of Separation |
| Briefly Describe Duties: | |

EDUCATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED | | | | | | | |
| Name | Location  City/State | From  Mo/Yr | To  Mo/Yr | Graduate  Yes/No | Type Degree  Or Diploma | Major Subject(s) | Total Credit Hours |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Special qualifications, skills, languages: | | | | | | | |

Include a resume containing work history, employer (supervisor and phone number), dates of employment and education.

EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYMENT HISTORY: Begin With Most Recent Employment | | | | |
| Employer’s Name | | Address | Dates:  From\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Duties: (Be Specific) | | | |  |
| Reason for Leaving: | Supervisor’s Name | | Telephone Number | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s Name | | Address | Dates:  From\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Duties: (Be Specific) | | | |  |
| Reason for Leaving: | Supervisor’s Name | | Telephone Number | |

EMPLOYMENT HISTORY CONTINUED:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s Name | | Address | Dates:  From\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Duties: (Be Specific) | | | |  |
| Reason for Leaving: | Supervisor’s Name | | Telephone Number | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s Name | | Address | Dates:  From\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Duties: (Be Specific) | | | |  |
| Reason for Leaving: | Supervisor’s Name | | Telephone Number | |

REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| List three persons not related to you | | | |
| Name | Address | Telephone | Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have you ever been convicted of or charged with a felony or misdemeanor? Yes No

If yes, please explain details in full, including dates of offense(s), jurisdiction & disposition of case.

Are you 18 years of age or older? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

I authorize SITPA to contact my former supervisor (s) Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

My signature certifies that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application will be rejected, my name removed from consideration or my employment with Southern Idaho Timber Protective Association, Inc. will be terminated.

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\*Signature Date

\*Unsigned applications will not be considered.