

**COOS FOREST PROTECTIVE ASSOCIATION  
63612 FIFTH RD.  
COOS BAY, OR 97420**

**APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

**NOTE TO APPLICANT:** The Coos Forest Protective Association is an "at will" employer. We do not tolerate violence, harassment or intimidation in our organization. If you are applying for a position that involves driving our vehicles, your driving record will be checked. A negative drug screening test result is required for employment. Successful completion of a physical performance test may be required depending on the position applied for. Please complete this form fully, honestly and accurately. **Due to the large number of applications received, not everyone who applies for a vacant position will be interviewed.** We appreciate your interest in employment with our organization.

PERSONAL DATA			
Name (Last, First, Middle):		Date:	
Mailing Address:		Telephone Number: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Message Phone	
City:	State:	Zip:	Driver's License Number: Issuing State:
Are You at Least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available to Start Work:	

JOB INTEREST	
In What Kind of Work Are You Interested?	Referred by:
Are You Willing to Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Ever Worked for Our Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Give Date, Location, and Type of Work:	

EDUCATIONAL BACKGROUND			
List High School, College, Military, Trade or Business Schools attended.			
Name and Location of School	Course of Study	Graduated (Y/N)	Type of Diploma, Degree or Certificate Earned

SPECIAL LICENSES, CERTIFICATES, SKILLS AND KNOWLEDGE	
Use this space to list any professional licenses, certificates, and other skills you possess which are pertinent to the position for which you are applying.	
Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue: _____ Exp. Date: _____ CDL Number: _____	Do you speak a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify which languages: _____
Medical Examiner's Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date: _____	
Computer Skills ( List software/computer programs and level of experience), Equipment Operation Skills, Wildland Fire Fighting Training Received, other.	

## EMPLOYMENT HISTORY

This section must be completed entirely. **DO NOT SUBSTITUTE A RESUME.** List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking. Describe each job separately, emphasizing your specific tasks and any supervisory, technical, or other responsibilities. Explain all breaks in continuous employment. **If more space is needed, additional pages can be added.**

Name of Employer	Mailing Address	Telephone Number	
Type of Business	Job Title:	Starting Date	Leaving Date
	CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name and Title		Reason for Leaving	
Description of Work and Responsibilities			

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Type of Business	Job Title:	Starting Date	Leaving Date
	CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name and Title		Reason for Leaving	
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Description of Work and Responsibilities			

## EMPLOYMENT HISTORY (cont.)

Name of Employer	Mailing Address	Telephone Number	
Type of Business	Job Title:	Starting Date	Leaving Date
	CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name and Title		Reason for Leaving	
Description of Work and Responsibilities			

How many work days have you missed in the past year? \_\_\_\_\_

Please Explain: \_\_\_\_\_

### AGREEMENT

PLEASE READ THE FOLLOWING BEFORE SIGNING: With this Application I agree to these terms:

- (1) I certify that the information on this Application is true to the best of my knowledge; I understand that any false statements or answers, or any misrepresentation or omission of facts is sufficient cause for rejection of my Application, or if hired, for discharge from the Company at any time. Accordingly, I agree that I shall have no recourse whatsoever in any such event.
- (2) I permit the Company or its representative to investigate any of the statements submitted by me on the Application, unless I specifically request in writing on this form that no inquiry be made. Accordingly, I authorize any of the companies or schools named on this form, or any other relevant company, agency or person, to release information regarding my employment, education or qualifications, unless otherwise noted in writing on this form.
- (3) I agree to submit to a medical examination by a Company designated physician (at Company expense) at any time as may be required by the Company. I understand that my employment may be contingent on passing of such examination(s). I authorize any company, agency, physician, or person to release information concerning my medical condition to the Company or to its representative, unless otherwise noted in writing on this form.
- (4) I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment.
- (5) My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I HAVE READ AND DO UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT.

This application will remain active for 180 days

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

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