

Walker Range Forest Protection Association  
 PO Box 665  
 Gilchrist, Oregon 97737  
 541-433-2451

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

**An Equal Opportunity Employer**

**NOTE TO APPLICANT:** Walker Range FPA is an “at will” employer. We do not tolerate violence, harassment or intimidation in our organization. Valid driver’s license and acceptable driving record required. A negative drug screening test result is required for employment. Successful completion of a physical fitness 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.

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**Personal Data (Please Print)**

Name (First, Middle, Last) \_\_\_\_\_  
 SSN: \_\_\_\_\_ Telephone #: Home: \_\_\_\_\_ Mess. \_\_\_\_\_  
 Address: (Street # or Box #) \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Driver’s License #/State: \_\_\_\_\_  
 Are you at least 18 years of age?  Yes  No Date available to start work: \_\_\_\_\_

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**Job Interest**

In what kind of work are you interested: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Are you willing to work weekends?  Yes  No  
 Are you willing to work overtime?  Yes  No Have you ever worked for our association before?  Yes  No  
 If “yes,” give date, location and type of work: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying?  Yes  No (Answer only if you have reviewed a job description.)

Have you plead guilty to or been convicted of a felony within the last 10 years?  Yes  No (Please note that a “yes” answer will not automatically disqualify you from consideration.) If yes, please explain: \_\_\_\_\_

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**Educational Background** (List high school, college, military, trade or business schools attended)

Name/Location of School	Course of Study	Graduated (Y/N)	Type of Diploma, Degree or Certificate

**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 (CDL)?  Yes  No State of Issue: \_\_\_\_\_  
CDL Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Medical Examiners Card?  Yes  No

Computer Skills (list software/computer languages and level of experience), equipment operation skills, Wildland Fire training received, other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor’s Name and Title \_\_\_\_\_  
Description of Work and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor’s Name and Title \_\_\_\_\_  
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\_\_\_\_\_  
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Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor’s Name and Title \_\_\_\_\_  
Description of Work and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor’s Name and Title \_\_\_\_\_  
Description of Work and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor’s Name and Title \_\_\_\_\_  
Description of Work and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

1. I certify that the information on the Application is true to the best of my knowledge; I understand that any false statements or answers, or any misrepresentations or omission of facts is sufficient cause for rejection of my Application, or if hired, for discharge from the Association at any time.
2. I permit the Association 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 including but not limited to, positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability and any incidents of dishonesty, insubordination, threatening or intimidating behavior, and unsafe conduct, including information based upon materials in my personnel files.
3. I agree to submit to a medical examination by an Association designed physician (at Association expense) as may be required by the Association for designated job classifications. 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 Association 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. In consideration of my employment, I agree to conform to the instructions, rules and policies. 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 Association or myself. I understand that no representative of the Association 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.
6. I hereby release and hold harmless Walker Range FPA, its officers, employees, agents and any other person who may communicate or provide information related to my employment from any and all claims, known or unknown to me, whether related to intentional, reckless or negligent conduct, arising from or related to information requested or acquired by Walker Range FPA in the course of investigating and analyzing my employment history. I understand the Association will perform a criminal record background check. I voluntarily grant this release to support my application for employment at Walker Range FPA and to encourage Walker Range FPA to consider my application. I agree to inform Walker Range FPA of any special concerns I may have related to information which Walker Range FPA may discover in the space provided below. I have carefully read and understand this Release of Claims and have voluntarily agreed to its terms to assist Walker Range FPA in meeting the business necessity of hiring honest, trustworthy, reliable and non-violent employees who will not pose a risk of harm to employees and customers. I agree to fully cooperate with Walker Range FPA in gathering information. I understand and agree that Documents acquired by Walker Range FPA, with the exception of credit information, will be maintained as confidential by Walker Range FPA, and that Walker Range FPA will not release such information to me.
7. If you successfully pass the controlled substance test and are hired, you will be subject to random, reasonable suspicion, post accident, return to duty, and follow-up controlled substance testing as well. Employees failing their controlled substance test will be subject to immediate termination.
8. All persons hired by Walker Range FPA must be 18 years of age unless you are applying for the Student Worker Program. The Student Worker Program is designed for students who are 16-20 years of age.
9. A valid driver's license and a driving record acceptable to both Walker Range and its insurance carrier are required for all employees except the Student Workers.
10. Participate in training and work in Wildland fire suppression, pre-suppression, fire prevention and safety activities.

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**Working Conditions**

1. Could require long hours of strenuous physical activity in difficult terrain and all types of weather conditions.
2. Requires varied work shifts during emergency conditions and work on weekends and holidays.
3. Must possess work boots at time of employment. Boots must be heavy leather and “logger” style with a minimum of 8-inch top and lug type sole. Boots with steel toe reinforcements are not permitted, but fiberglass reinforced toes meet all OSHA requirements.

Use space below to discuss your concerns about information we may require in the course of our investigation.

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I have read, understand and agree with the above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*This application is valid for only 180 days from the date I signed. If I want to be considered for job openings more than 180 days from date signed, I will submit a new application.*