

DOUGLAS FOREST PROTECTIVE ASSOCIATION
1758 NE AIRPORT RD
ROSEBURG OR 97470
(541) 672-6507

APPLICATION FOR EMPLOYMENT

DFPA is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, national origin, or disability. No application will be rejected as a result of disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

NOTE TO APPLICANT: Please complete this form fully, honestly, and accurately. We appreciate your interest in employment.

PERSONAL DATA

NAME (first, middle, last):			DATE:		
ADDRESS: (Street No. or RFD Box Number):					
CITY:		STATE:		ZIP:	
TELEPHONE NUMBER:			Cell (____) _____ Home		
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, WILL YOU BE 18 PRIOR TO JULY? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE AVAILABLE TO START WORK:	
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? (Successful candidates will be required to prove identity and eligibility for employment). <input type="checkbox"/> Yes <input type="checkbox"/> No					

JOB INTEREST

IN WHAT KIND OF WORK ARE YOU INTERESTED:			REFERRED BY:		
ARE YOU WILLING TO WORK SHIFT WORK?		<input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU WILLING TO WORK WEEKENDS?	
ARE YOU WILLING TO WORK ROTATING SHIFTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATIONAL BACKGROUND AND TRAINING

EDUCATION	SCHOOL NAME & LOCATION	COURSE OF STUDY	IF GRADUATED GIVE DEGREE
HIGH SCHOOL			
TRADE SCHOOL			
COLLEGE			
OTHER			

OTHER SPECIAL TRAINING:

LIST ANY CURRENT VALID MOTOR VEHICLE OR EQUIPMENT OPERATOR LICENSES OR TRADE OR CRAFT CERTIFICATIONS YOU HOLD.

YOU MAY COMMENT ON ANY OTHER SPECIAL QUALIFICATIONS ABOUT YOURSELF RELATED TO THE JOB.

EXPERIENCE BACKGROUND

(List your most recent jobs in exact order in which they occurred)

INCLUDE MILITARY SERVICE

NAME OF PRESENT OR LAST EMPLOYER:				ADDRESS:	
STARTING DATE		LEAVING DATE			
MONTH	YEAR	MONTH	YEAR	STARTING PAY	FINAL PAY
JOB TITLE		NAME OF SUPERVISOR		REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES:					
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NAME OF PRESENT OR LAST EMPLOYER:				ADDRESS:	
STARTING DATE		LEAVING DATE			
MONTH	YEAR	MONTH	YEAR	STARTING PAY	FINAL PAY
JOB TITLE		NAME OF SUPERVISOR		REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES:					
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NAME OF PRESENT OR LAST EMPLOYER				ADDRESS:	
STARTING DATE		LEAVING DATE			
MONTH	YEAR	MONTH	YEAR	STARTING PAY	FINAL PAY
JOB TITLE		NAME OF SUPERVISOR		REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES:					
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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

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 DFPA at any time. Accordingly I agree that I shall have no recourse whatsoever in any such event.

I permit the DFPA or its representative to investigate any of the statements submitted by me on this Application, unless I specifically request in writing on this form that no inquiry be made. 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.

If hired, I recognize the rules and policies of DFPA. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of DFPA or myself.

I authorize DFPA to investigate whether I have a criminal record of convictions, and if so, the nature of such convictions and all the surrounding circumstances of the conviction. DFPA has advised me that its criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

I understand and acknowledge that I will be required to submit a drug test and possibly a physical examination. Additionally, I hereby authorize the release of the results of such an examination to DFPA for their use in evaluating my suitability for employment. Further, I release the examining facility, and DFPA from any and all liability and from any damage that may result from the release of such information.

I acknowledge reading, understanding, and agreeing to comply with the foregoing statements.

SIGNATURE _____

DATE _____