

FOREST MANAGEMENT SPECIALISTS, LLC

P.O. BOX 7154, KALISPELL, MT 59904

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THIS APPLICATION MUST BE SIGNED AND DATED TO BE A VALID APPLICATION

PLEASE PRINT

Type of Work Desired

Date Available for Employment Employment Interest

Full-time: Part-time:

Are you willing to travel and/or camp? Yes _____ No _____

PERSONAL

Name: First Middle Last

Address: Street City State Zip Code

Telephone: Area Code Number Social Security Birthdate
Month Day Year

Alternate Phone Number E-mail Address

LIST EMERGENCY CONTACT PERSON & PHONE _____

Have you ever served in the military? Yes____ No____ If Yes please explain. _____

Have you ever been convicted of a felony? Yes____ No____ Conviction will not necessarily disqualify you from employment.

EDUCATION

High School Grade Completed Year

College Grade Completed Year

LIST THREE REFERENCES NOT RELATED TO YOU

Name Relation Phone Number

Name Relation Phone Number

Name Relation Phone Number

DRIVING EXPERIENCE

Class of Equipment:

Pickup Truck/Trailer: Years _____ Straight Truck: Years _____

ATV: Years _____ Heavy Equipment: Years _____ What Type _____

ACCIDENT RECORD AND/OR TRAFFIC VIOLATIONS FOR THE PAST 3 YEARS

Type of Accident and/or violation	Month & Year	Personal or Work Related

EMPLOYMENT HISTORY (LIST PRESENT, OR LAST EMPLOYER FIRST)

Employer	Address
Position/Title	Supervisor's Name
Duties (Be Specific)	
Reason for Leaving	

EMPLOYED: From	To	May we contact this Employer? Yes	No
Employer	Address		
Position/Title	Supervisor's Name		
Duties (Be Specific)			
Reason for Leaving			

EMPLOYED: From	To	May we contact this Employer? Yes	No
Employer	Address		
Position/Title	Supervisor's Name		
Duties (Be Specific)			
Reason for Leaving			

EMPLOYED: From	To	May we contact this Employer? Yes	No
Employer	Address		
Position/Title	Supervisor's Name		
Duties (Be Specific)			
Reason for Leaving			

What community services have you performed

SPECIAL TRAINING AND/OR SKILLS THAT WOULD APPLY TO THIS TYPE OF WORK

BRING ALL CERTIFICATIONS THAT YOU HAVE ACQUIRED PERTAINING TO THIS TYPE OF WORK

You may attach a resume if desired

AGREEMENT

Forest Management Specialists appreciates your interest in our company as a place of employment. Your qualifications will be given careful consideration. It is our company's policy to make employment decisions without regard to an individual's race, religion, gender, national origin, age, veteran status, disability, or any other status or condition protected by applicable state or federal law, except where a bona fide occupational qualification applies.

My signature certifies that this application was completed by me, the undersigned, and that all entries and information submitted are true and correct to the best of my knowledge. I further acknowledge that I may be asked to submit to a drug screening test for controlled substances for the health and safety of all employees.

SIGNATURE OF APPLICANT _____ Date _____