

Employment Application
Mountaineers Fire Crew, LLC
3777 Meadowview Drive, Suite 300 Redding, CA 96002
Office phone: (530) 365-9128 Fax: (530) 365-4128
Equal Opportunity Employer/Drug Free Workplace

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

Position for which you are applying: _____

Are you over 18 years of age? Yes _____ No _____

Are you legally qualified to work in the United States? Yes _____ No _____

How did you learn about this employment opportunity? _____

Employment History

Employer Name: _____ Phone: _____

Job Description: _____

Dates of Employment: _____

May we contact this employer? Yes _____ No _____

Employer Name: _____ Phone: _____

Job Description: _____

Dates of Employment: _____

May we contact this employer? Yes _____ No _____

Employer Name: _____ Phone: _____

Job Description: _____

Dates of Employment: _____

May we contact this employer? Yes _____ No _____

If you wish to be considered as a company driver, please provide the following information:

Do you have a valid driver's license? Yes _____ No _____

Driver's license number _____ Expiration date _____

Have you had any tickets, violations, or accidents during the last three years? Yes _____ No _____

If yes, please provide dates and nature of the incident(s) _____

Mountaineers Fire Crew, LLC Voluntary Self-Identification

Mountaineers Fire Crew, LLC is committed to providing equal employment and advancement opportunities to all applicants and employees. Qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, national origin, citizenship, age, gender, marital status, ancestry, physical or mental disability, medical condition, veteran status or sexual orientation. Solely to help the company comply with federal and state Equal Employment Opportunity record keeping, reporting and other legal requirements, you are requested to provide the following self-identification information.

Please note: Completion of this section is voluntary. Refusal to provide this information will not subject any applicant or employee to adverse treatment. The information you provide will be separated from your application, maintained in a confidential file and used only for data reporting requirements. This information will not be used in consideration for your employment.

Please indicate your ethnicity/race

<input type="checkbox"/>	White (not of Hispanic or Latino origin)
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Black or African American (not of Hispanic or Latino origin)
<input type="checkbox"/>	Asian (not of Hispanic or Latino origin)
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander (not of Hispanic or Latino origin)
<input type="checkbox"/>	Two or more races
<input type="checkbox"/>	Decline to state

Please indicate your gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Decline to state

Please indicate any appropriate U.S. Armed Services veteran status

<input type="checkbox"/>	Disabled Veteran-a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of retired military pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability
<input type="checkbox"/>	Other Protected Veteran-a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized
<input type="checkbox"/>	Armed Forces Service Medal Veteran-a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg.1209)
<input type="checkbox"/>	Recently Separated Veteran-a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service