

NORTHTREE FIRE INTERNATIONAL

AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER

PRE-EMPLOYMENT QUESTIONNAIRE

Job offer may be conditioned on successful completion of drug and/or alcohol screening test.

| PERSONAL INFORMATION | | | |
|---|--|----------------|-------------------|
| Name: | | | |
| Last: | First: | Middle: | Social Security#: |
| Present Address: | | | |
| Street: | City: | State: | Zip Code: |
| Permanent Address (if different than above): | | | |
| Street: | City: | State: | Zip Code: |
| Phone Numbers: | | | |
| Home: | Pager: | Cell Phone: | Alternate Number: |
| Drivers License: | | | |
| State of Issue: | Number: | Class: | Expires: |
| Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you legally eligible to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| (If under 18 a work permit is required by state/federal law) | (Note: proof of eligibility is required after hire) | | |
| email: | | confirm email: | |
| In Case of Emergency Notify: | | Phone Number: | |

| EMPLOYMENT DESIRED | | |
|--|--------------------------------------|-----------------|
| Position Applied For: | When can you start? | Salary Desired: |
| Are you currently employed? | If so, may we contact your employer? | |
| Have you previously applied to this Company? | If so, when? | |
| Who referred you to this Company? | | |

| EDUCATION | NAME OF SCHOOL | NO. YEARS ATTENDED | DEGREE OR DIPLOMA? | MAJOR SUBJECT |
|---|----------------|--------------------|--------------------|---------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR POST-GRAD SCHOOL | | | | |

| SPECIAL QUESTIONS |
|--|
| Can you perform the essential requirements of the position you are applying for, with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> (Note: The company complies with the ADA and state law and considers reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions.) |
| Besides the crime of possession of less than an ounce of marijuana for personal use more than two years ago, have you ever been convicted of an offense other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, place, offense, and outcome: |

| EMPLOYMENT RECORD (List below previous three employers, including present employer if currently employed.) | | |
|---|-------------------------------|---------------------|
| Name and Address of Employer: | | |
| Starting Date : | Leaving Date: | Reason for Leaving: |
| Job Title: | Beginning Salary: | Ending Salary: |
| Name of Supervisor: | May we contact for reference? | Phone: |
| Brief Description of Duties: | | |

| | | |
|-------------------------------|-------------------------------|---------------------|
| Name and Address of Employer: | | |
| Starting Date : | Leaving Date: | Reason for Leaving: |
| Job Title: | Beginning Salary: | Ending Salary: |
| Name of Supervisor: | May we contact for reference? | Phone: |
| Brief Description of Duties: | | |

| | | |
|-------------------------------|-------------------------------|---------------------|
| Name and Address of Employer: | | |
| Starting Date : | Leaving Date: | Reason for Leaving: |
| Job Title: | Beginning Salary: | Ending Salary: |
| Name of Supervisor: | May we contact for reference? | Phone: |
| Brief Description of Duties: | | |

| REFERENCES: Please give names of three persons not related to you that have known you at least 1 year. | | |
|---|----------|-------|
| NAME | BUSINESS | PHONE |
| | | |
| | | |
| | | |

| SERVICE RECORD | | |
|---|-------|------------------|
| Branch of Service: | Rank: | Specialty: |
| Are you presently a member of National Guard or Reserves? | | Obligation Ends: |

APPLICANT'S STATEMENT

PLEASE CAREFULLY READ THE FOLLOWING APPLICANT'S STATEMENT BEFORE SIGNING:

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge. I agree to have any of the statements checked by the company. I authorize my references and supervisors to provide information concerning my previous employment. I release all parties from any and all liability for damages that may result from furnishing such information, as well as from the use of or disclosure of such information by the company or its agents. I understand that any misrepresentation or material omission may result in my failure to receive an offer or, if I am hired, in my dismissal.

I UNDERSTAND AND AGREE THAT IF I AM HIRED MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. No representative of the company other than the President has any authority to agree to the contrary. Further, the at-will nature of the employment may not be altered unless done so specifically in a written agreement signed by me and the President of the Company.

I understand that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal authority to work in the U.S.

Signed: _____

Date _____

It is the Company's policy to provide equal opportunity to all persons without regard to race, color, national origin, ancestry, sex, sexual orientation, age, religion, creed, physical or mental disability, medical condition, marital status, citizenship status, military service status, or other basis protected by law. This policy covers all facets of employment including, but not limited to, recruitment, training, selection, promotions, transfers, compensation, demotions, terminations, and all aspects of employment.

NORTHTREE FIRE INTERNATIONAL

AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER

TECHNICAL SUPPLEMENTAL APPLICATION

Job offer may be conditioned on successful completion of drug and/or alcohol screening test.

Name: _____
Last
First
Middle

Address: _____
Number
Street
City
State
Zip Code

I TRAINING

Please indicate which certification courses and/or emergency medical training you have successfully completed by marking an "X" for either yes or no for each course. Copies of current certifications WILL BE REQUIRED.

| DESCRIPTION OF TECHNICAL TRAINING | YES | NO |
|--|--------------------------|--------------------------|
| STATE FIRE MARSHALL CERTIFICATION COURSES | | |
| State Fire Marshall F/F I | <input type="checkbox"/> | <input type="checkbox"/> |
| State Fire Marshall F/F II | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| NWCG RED CARD QUALIFICATIONS | | |
| Firefighter II | | |
| S-130 Firefighter Training | <input type="checkbox"/> | <input type="checkbox"/> |
| S-190 Intro To Fire Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Firefighter I | | |
| S-131 Advanced Firefighter Training | <input type="checkbox"/> | <input type="checkbox"/> |
| S-133 Look Up, Look Down, Look Around | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed Task Book | <input type="checkbox"/> | <input type="checkbox"/> |
| Single Resource Boss | | |
| S-230 Crew Boss | <input type="checkbox"/> | <input type="checkbox"/> |
| S-290 Intermediate Fire Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed Task Book | <input type="checkbox"/> | <input type="checkbox"/> |
| Strike Team Leader | | |
| S-330 Task Force/Strike Team Leader | <input type="checkbox"/> | <input type="checkbox"/> |
| S-215 Fire Ops In The Wildland/Urban Interface | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed Task Book | <input type="checkbox"/> | <input type="checkbox"/> |
| Division Group Supervisor | | |
| S-339 Division Group Supervisor | <input type="checkbox"/> | <input type="checkbox"/> |
| S-390 Introduction To Wildland Fire Calculations | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed Task Book | <input type="checkbox"/> | <input type="checkbox"/> |
| Class B Faller | | |
| S-212 Power Saws | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed Task Book | <input type="checkbox"/> | <input type="checkbox"/> |
| Class C Faller | | |
| S-212 Power Saws | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed Task Book | <input type="checkbox"/> | <input type="checkbox"/> |
| Other ICS Classes/Certifications | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

| DESCRIPTION OF TECHNICAL TRAINING | YES | NO |
|---|--------------------------|--------------------------|
| EMERGENCY MEDICAL TRAINING | | |
| First Aid Expires: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| CPR Expires: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First Responder/EMT Expires: | <input type="checkbox"/> | <input type="checkbox"/> |
| EMT Defibrillator Expires: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Paramedic Expires: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| INDUSTRIAL TRAINING/CERTIFICATIONS | | |
| Confined Space Operations/Technician Certification(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Rescue Systems Level: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous Materials Technician or 40 Hour | <input type="checkbox"/> | <input type="checkbox"/> |
| HAZMAT Supervisor | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical Rope Rescue Level: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| SCBA Type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Cal OSH Tunnel Safety / Gas | <input type="checkbox"/> | <input type="checkbox"/> |
| First Responder-Haz Mat | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

II FIRE FIGHTING EXPERIENCE

List the applicable information below including job title, employer and months of experience.
 ALL INFORMATION WILL BE VERIFIED.

| EMPLOYER | JOB TITLE | LOCATION | MONTHS OF EXPERIENCE |
|----------|-----------|----------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Signature: _____

Date: _____

Check One: MALE FEMALE

NAME _____
Last First Middle

POSITION APPLIED FOR: _____

| APPLICANT DATA FORM | |
|---|---|
| COMPLETION OF THIS FORM IS VOLUNTARY | |
| The purpose of the requested information is to meet the Company's legal obligations under applicable law. (See Notification in signature paragraph below.) Please read the definitions provided below for an explanation of categories. | |
| PLEASE CHECK ONE BOX ONLY | |
| WHITE (not of Hispanic origin) <input type="checkbox"/> White | AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> American Indian or Alaskan Native |
| BLACK (not of Hispanic origin) <input type="checkbox"/> Black/African-American | ASIAN or PACIFIC ISLANDER <input type="checkbox"/> Chinese/Chinese-American |
| HISPANIC <input type="checkbox"/> Chicano/Mexican-American/Mexican | <input type="checkbox"/> Japanese/Japanese-American |
| <input type="checkbox"/> Latino/Latin-American | <input type="checkbox"/> Filipino/Pilipino |
| <input type="checkbox"/> Other Spanish/Spanish-American | <input type="checkbox"/> Pakistani/East Indian |
| | <input type="checkbox"/> Other Asian |

DEFINITIONS OF CATEGORIES APPEARING ABOVE

WHITE (not of Hispanic Origin)
White, not of Hispanic Origin--Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK (not of Hispanic Origin)
Black/African-American--Persons having origins in any of the Black racial groups of Africa.

HISPANIC
Chicano/Mexican-American/Mexican--
Persons of Mexican culture or origin, regardless of race.

Latin American/Latino--
Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race.

Other Spanish/Spanish-American--
Persons of Hispanic culture or origin, not included in any of the Hispanic categories listed above.

AMERICAN INDIAN OR ALASKAN NATIVE
American Indian or Alaskan Native--Persons having origins in any of the original American Indian peoples of North America, including Eskimos and Aleuts, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER
Chinese/Chinese-American--
Persons having origins in any of the original peoples of China.

Japanese/Japanese-American--
Persons having origins in any of the original peoples of Japan.

Filipino/Pilipino--
Persons having origins in any of the original peoples of the Philippine Islands.

Pakistani and East India--
Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

Other Asian--
Persons having origins in any of the original American Indian peoples of North America, including Eskimos and Aleuts, and who maintain cultural identification through tribal affiliation or community recognition.

NOTIFICATION

The above information is requested by North Tree Fire International pursuant to applicable law. **Furnishing the information is voluntary.** Employment decisions will not be based on whether the applicant has provided this information, nor will this information be used for discriminatory purposes, except pursuant to a bona fide affirmative action or non-discrimination plan.

CERTIFICATION: I certify that the information appearing on this employment form is true and complete. I agree that my failure to provide true and complete information here or elsewhere in the pre-employment process may be sufficient reason for denying me employment or dismissing me if I am employed.

Signature _____ Today's Date _____