

FOREST SERVICE (Fire Positions)

*This format has been created for your convenience, **but any written format is allowed** if it contains the required information as specified in the vacancy announcement (VA) or recruitment notice (RN) under "How and Where to Apply"

(Use blue/black **PEN** only, pencil does not reproduce well)

NAME: _____ **VA/RN NUMBER** _____
ADDRESS: _____
SSN# _____ **STATE** _____ **ZIP** _____

CONTACT NUMBERS:

(Permanent) _____ (Temporary) _____
Cell Phone/Pager # _____ E-Mail: _____

The grade level for which you qualify will be determined by the information you provide. If you do not qualify at the highest grade level you indicated on Form C, do you want to be considered at the lower grade level you qualified for?
__ Yes __ No

EXPERIENCE/EMPLOYMENT: List your most recent job first and work back. If you have numerous work experiences, list those most pertinent to the positions for which you are applying. No more than **four** pages can be scanned into our computer, but you may include additional pages if you think it is necessary.

May inquiry be made of your present employer regarding character, qualifications, and record of employment?
__ Yes __ No

EMPLOYER NAME: _____ SUPERVISOR NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: _____ REASON FOR LEAVING: _____
JOB TITLE: _____ GRADE/PAY: _____ DATE OF LAST UPGRADE: _____
DATES OF EMPLOYMENT: From(mm/dd/yy): _____ To(mm/dd/yy): _____
ADDITIONAL SEASONS: List From/To Dates Separately: _____ Hours per week: _____

Description of Duties and Accomplishments: _____

EMPLOYER NAME: _____ SUPERVISOR NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: _____ REASON FOR LEAVING: _____
JOB TITLE: _____ GRADE/PAY: _____ DATE OF LAST UPGRADE: _____
DATES OF EMPLOYMENT: From(mm/dd/yy): _____ To(mm/dd/yy): _____
ADDITIONAL SEASONS: List From/To Dates Separately: _____ Hours per week: _____

Description of Duties and Accomplishments: _____

Fire Positions cont'd.

NAME: _____

EMPLOYER NAME: _____ SUPERVISOR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ REASON FOR LEAVING: _____

JOB TITLE: _____ GRADE/PAY: _____ DATE OF LAST UPGRADE: _____

DATES OF EMPLOYMENT: From(mm/dd/yy): _____ To(mm/dd/yy): _____

ADDITIONAL SEASONS: List From/To Dates Separately: _____ Hours per week: _____

Description of Duties and Accomplishments: _____

EMPLOYER NAME: _____ SUPERVISOR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ REASON FOR LEAVING: _____

JOB TITLE: _____ GRADE/PAY: _____ DATE OF LAST UPGRADE: _____

DATES OF EMPLOYMENT: From(mm/dd/yy): _____ To(mm/dd/yy): _____

ADDITIONAL SEASONS: List From/To Dates Separately: _____ Hours per week: _____

Description of Duties and Accomplishments: _____

ADDITIONAL POSITIONS AND DATES OF EMPLOYMENT: In the section below, please provide your additional seasonal position title(s) (i.e., firefighter, heli-rappeler, etc.), dates of employment, and the employers' name and location. If you changed job titles during the season, use a new line to indicate the position change. Include wildland firefighting experience and qualifying general experience.

WORKING TITLE OF POSITION	DATES FROM	DATES TO	GRADE/PAY LEVEL	EMPLOYERS' NAME AND LOCATION

NAME: _____

INDIVIDUAL WILDLAND FIRE EXPERIENCE: By fire size class, list the number of times you worked in a specific position. Also, list the total number of days spent in that position. Size classes in acres are: **A** = .25 or less, **B** = .25-10, **C** = 10-100, **D** = 100-300, **E** = 300-1000, **F** = 1000-5000, **G** = 5000+.

Position Title	# of Fires per Size Class							Total Days
	A	B	C	D	E	F	G	
Firefighter								
Squad Boss								
Faller, Class A								
Faller, Class B								
Faller, Class C								
Crew Boss								
Strike Team Ld. (Crew)								
I. C. Initial Attack, Type 4								
Task Force Leader								
Division/Group Supervisor								
Other:								
Other:								

FIRE TRAINING COURSES COMPLETED: Enter year attended, provider and location. Courses marked with an * are required, equivalent state courses may be accepted.

Course Title	Year	Provider	Location
I-100 Basic ICS*			
S-130 Basic Firefighter *			
S-131 Advanced Firefighter Training			
S-190 Introduction to Fire Behavior*			
S-200 Initial Attack I.C.			
S-211 Portable Pumps and Water Use			
S-212 Power Saws			
S-215 Fire Ops in the Urban Interface			
S-230 Crew Boss			
S-234 Ignition Operations			
S-260 Fire Business Management			
S-270 Basic Air Operations			
S-281 Supervisory Concepts/Techniques			
S-290 Intermediate Fire Behavior			
S-300 I.C. Extended Attack			
S-390 Fire Behavior Calculations			
S-330 Task Force/Strike Team Leader			
S-339 Division/Group Supervisor			
Other:			

Fire Positions cont'd.

NAME: _____

CURRENT ICS/RED CARD QUALIFICATION(S):

_____	_____	_____
_____	_____	_____
_____	_____	_____

FIRST AID TRAINING: List course, year attended, provider, location and expiration date.

COURSE TITLE	YEAR	PROVIDER	LOCATION	EXPIRATION

EDUCATION: List education.

SCHOOL NAME	CITY/STATE	MAJOR	YEAR
(High School or GED)		Not Applicable	

REFERENCES: List three persons who are **NOT** related to you and who have definite knowledge of your qualifications and abilities for the position for which you are applying.

NAME	ADDRESS/PHONE NUMBER	BUSINESS/OCCUPATION

ADDITIONAL INFORMATION:
