



ANGEL WILDFIRE & RESCUE L.L.C.

Employment Application

APPLICANT INFORMATION

FULL NAME: _____ DATE: _____
LAST FIRST M.I.

ADDRESS: _____
STREET ADDRESS P.O.BOX # APARTMENT/UNIT #
CITY STATE ZIP CODE

PHONE #: _____ - _____ - _____ EMAIL: _____

CELL #: _____ - _____ - _____ DATE AVAILABLE: _____

DEMOGRAPHICS

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S. YES NO

Have you ever been convicted of a felony? YES NO If yes, where? _____

If yes Explain: _____
DO YOU SUMMIT TO A DRUG CHECK? YES NO DO YOU SUMIT TO A BACKGROUND CHECK? YES NO

JOB APPLYING FOR

Full Time Seasonal Per diem
This is a year-round job This is only for the fire season Per call out position
With benefits and vacation this may have benefits this is for 1 to 2; 14 day assignment at a time



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FIRE EXPERIENCE

	YES	NO	
Do you have Firefighting experience?	☐	☐	You do not need fire training to be hired
Do you hold a Red Card?	☐	☐	If so where? _____
Do you hold a EMT level?	☐	☐	If so what level? _____
Do you hold BLS CPR or higher?	☐	☐	When dose it expire? _____
Do you have ICS 100, 200, 700	☐	☐	
May we contact a supervisor?	☐	☐	
Supervisor agency: _____			
Supervisor Name: _____			
Supervisor phone #: _____			

Please send a current copy of Red card, EMS card, CPR card, and any of the above certificats.

Education

High School or GED: _____

Address: _____

Did you graduate? ☐ YES ☐ NO DIPLOMA YEAR: _____

If no why? _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO



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PREVIOUS EMPLOYMENT

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Pay? \$ _____

Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May We contact your previous supervisor for a reference?

☐

YES

☐

NO

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Pay? \$ _____

Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May We contact your previous supervisor for a reference?

☐

YES

☐

NO



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REFERENCES

Job related references are preferred.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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Other

Please attach a resume and any certificates that pertain to Fire, EMS, and Rescue.

Due to the dangers of Firefighting; any disabilities will be addressed in the interview please attach a letter describing any disabilities. A medical release form may be required from your doctor to prove you are fit for the arduous duties of the wildland firefighting environment. Your safety and the safety of the team must always be the top priority in all the decisions made.

If selected you must complete:

Basic wildland fire class (if you have not)

Wildland fire pack test (annual)

R -130 (annual refresher)

CPR BLS provider class or equivalent

Emergency Vehicle operational course (annual)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ADMINISTRATION USES

☐ Hired

☐ Not hired

Reason: _____ Interviewer Signature : _____