



SALMON RIVER RESTORATION COUNCIL

Employment Application

APPLICANT INFORMATION

Full Name					Date				
Mailing Address									
City				State			ZIP		
Phone				Cell					
Email									
Driver License #				Social Security #					
Position(s) Applying For					Dates Available				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have any existing or previous medical conditions which could affect your ability to perform this job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION, EXPERIENCE, & SKILLS

High School			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year	
College/University			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year	
Degree or Certification							
Other Education			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year	
Degree or Certification							
Do you have current first aid, CPR, WFR, or EMT certifications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which one(s)?				
Do you have other professional or job-related certifications? (chainsaw safety, firefighting, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which one(s)?				

Please list any additional skills and experience that may be applicable to this position:

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REFERENCES					
Full Name			Relationship		
Company			Phone		
Address					
Email					
Full Name			Relationship		
Company			Phone		
Address					
Email					
PREVIOUS EMPLOYMENT					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From:	To:	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From:	To:	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
EMERGENCY CONTACT & INFORMATION					
Full Name			Relationship		
Address					
City			State		
Phone			Cell		
Email					
Do you have any allergies or other medical conditions that we should be aware of?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
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	