



Attack-One Fire Management Services, Inc.
 P.O. Box 221 Crawfordville, Florida 32326
 (P) 850-926-6534 (F) 850-926-6529
 Service@attack-one.com

Employment Application

Legal Name: _____ Date: _____
Last Initial First

Current Mailing Address: _____

City State Zip Code

Home Phone:(_____) _____ Cell Phone:(_____) _____

Email Address (REQUIRED) _____

Position Applying For: *Please check those that apply.*

- Fuels Crew Member Only (Non Fire)
- Firefighter II (Crew member, Engine or Crew)
- Firefighter I (Squad Leader / Advanced Firefighter)
- Single Resources Boss (Crew / Engine)
- Other _____

Fire Qualifications: *As specified in PMS 310-4 NWCG guidelines*

- Firefighter II (Basic Wildland Firefighter)
- Firefighter I (Completed / Signed Taskbook)
- Single Resources Boss Crew (Completed / Signed Taskbook)
- Single Resources Boss Engine (Completed / Signed Taskbook)
- Emergency Medical Technical
- Emergency First Responder
- Strike Team Leader (Completed / Signed Taskbook)
- Dozer / Tractor Boss (Completed / Signed Taskbook)
- Division Supervisor (Completed / Signed Taskbook)
- Faller Qualification: A ___ B ___ C ___

Education:

Name & Location of School	Number of Years / Units Completed	Did you Graduate	Degree / Courses Taken
High School:			
University / Tech School:			
University / Tech School:			

Supplementary Education / Training:

List any training or licenses you've received. Include course name, date and issuing agency.

Additional Information:

Present below any other information which relates to your ability to perform the job for which you are applying such as licenses, memberships, language skills, academic and athletic achievements, community involvement and volunteer experiences. Leave out information indicating, religion, gender of any other protected category.

Personal History:

Past Experiences / Employment Record / References:

1.) Last Employer: _____
Position Held: _____ [] CDL Start Date: _____ End Date _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Alternate Contact: _____
Telephone Number: _____ Fax: _____
Responsibilities: _____

Reason for Leaving: _____

2.) Last Employer: _____
Position Held: _____ [] CDL Start Date: _____ End Date _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Alternate Contact: _____
Telephone Number: _____ Fax: _____
Responsibilities: _____

Reason for Leaving: _____

3.) Last Employer: _____
Position Held: _____ [] CDL Start Date: _____ End Date _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Alternate Contact: _____
Telephone Number: _____ Fax: _____
Responsibilities: _____

Reason for Leaving: _____

Residence Past 3 Years:

Address: _____
City: _____ State: _____ Zip: _____

Address: _____
City: _____ State: _____ Zip: _____

Address: _____
City: _____ State: _____ Zip: _____

Driver Qualifications:

If you are applying for a firefighter position and you have a valid driver’s license through the course of you may be asked to be trained in and to operate a commercial vehicle. Therefore, the following information is required. If you do not have a valid or current driver’s license, you may proceed to the Past Experience Section.

List the states and license numbers of all licenses held for the past 3 years:

<i>State</i>	<i>License #</i>	<i>Exp. Date</i>	<i>Class A, B, C</i>	<i>Endorsements</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driver Experience:

<i>Equipment Class</i>	<i>Type of Equipment Van Flat, Tank, Etc.</i>	<i>Date From:</i>	<i>Date To:</i>	<i>Approx. Number Fire Qualifications: As</i>
<i>Straight Truck</i>				
<i>Tractor Semi Trailer</i>				
<i>Tractor with Doubles</i>				
<i>Tractor with Triples</i>				
<i>Tractor with Tank</i>				
<i>Other</i>				

Accidents in Past 3 Years:

<i>Dates</i>	<i>Nature of Accident (Backing, Head-On, Rollover, Turning)</i>	<i>Fatalities</i>	<i>Injuries</i>

Moving Traffic Conviction:

<i>Date of Conviction</i>	<i>Offense</i>	<i>Location</i>	<i>Type of Motor Vehicle</i>

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Has any license, permit or privilege ever been revoked? Yes No

If yes, please explain: _____

Please Answer the Following Questions:

1. Are you willing to be on call 24 hours a day, 7 days a week, work long shifts, go weeks without a day off, endure adverse weather conditions, perform strenuous and prolonged physical labor and go extended periods without a bed, shower or phone? Yes No
2. Do you feel that you are physically fit to perform the duties required to be a wildland firefighter? Yes No
3. Attack-One Fire Management Services, Inc. is a smoke-free work place. If hired, will you comply to our company smoking polices? Yes No
4. Have you ever been convicted of a felony? Yes No

Please Print: I, _____ verify that all information provided on this application is in face true to the best of my knowledge and understand that if information is not true, my candidacy and/or employment will be terminated.

Signature of Applicant *Date*

Attack-One Fire Management, Inc. is required by law to establish your identity and employment eligibility prior to hiring. You will be asked to provide the following documents at the time of hiring. If you do not have them readily available, please apply to the proper agencies and obtain them prior to the interview.

Choose one from this column

U.S. Passport
Temporary Resident Card

OR

Choose one from EACH of these columns

Drivers License *Social Security Card*
Birth Certificate *School ID Card*
State Issued ID Card