



BACKCOUNTRY TRAILS VETERANS CREW APPLICATION AND REFERENCE EVALUATION FORMS INSTRUCTIONS

Read the following instructions carefully before completing this Application and Reference Evaluation Forms. Please complete the Application and Reference Evaluation Forms on a typewriter or personal computer or print in ink. If your Application and Reference Evaluation Forms are handwritten make sure it is legible or your application may be rejected. **USE ADDITIONAL PAPER IF NECESSARY.** All information requested **must** be given and all questions **must** be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. During the course of the application process, you may be requested to provide additional information regarding your qualifications.

2011 BACKCOUNTRY TRAILS VETERANS CREW APPLICATION Instructions: Use Additional Sheets If Necessary

- **GENERAL INFORMATION:** Provide all information and answer each question. Regarding the Uniform Sizes, provide accurate sizes in the brands listed on the application.
- **EMPLOYMENT HISTORY & VOLUNTEER EXPERIENCE:** Provide your current or most recent employment information. Previous employers may be contacted for verification.
- **EDUCATIONAL BACKGROUND AND TRAINING:** Provide all information and answer each question thoroughly.
- **HEALTH AND PHYSICAL CONDITION:** Provide all information and answer each question thoroughly. This information is not used to determine eligibility. This information is used to aid in appropriate crew placement for selected applicants.
- **SUPPLEMENTAL QUESTIONNAIRE:** Answer all questions thoroughly and thoughtfully. Use additional paper if necessary.
- **CERTIFICATION:** YOU MUST PROVIDE A SIGNATURE OR ELECTRONIC SIGNATURE.

2011 BACKCOUNTRY TRAILS PROGRAM REFERENCE EVALUATION FORMS #1 and #2 Instructions:

- Both Reference Evaluation Forms must be completed. You may also provide more than two references. Applicants must provide **at least one** current or most recent work reference. Parents and/or family relatives are **NOT** acceptable personal references. Former and/or current teachers or professors are acceptable personal references.
- References must provide all contact information requested and may be contacted for further information.
- References must provide a signature or electronic signature.
- Both Reference Evaluation Forms must be submitted **TOGETHER** with your application **IN ONE PACKET**. Not doing so may result in disqualification.

COLOR PHOTO OF YOURSELF: You must submit a color photo of yourself along with your application and two reference evaluations forms. Not doing so may result in disqualification.

FINAL NOTE: We must receive your **APPLICATION, TWO REFERENCE EVALUATION FORMS,** and **COLOR PHOTO** of yourself **in one packet** by 5:00pm, 3/18/2011. Email your application packet to: garett@veteransgreenjobs.org, or mail it to: Veterans Green Jobs, Attn. Garrett, 2627 West 6th Avenue, Denver, CO 80204



2011 VETERANS CREW APPLICATION

THIS APPLICATION IS FOR U.S. MILITARY VETERANS ONLY.

GENERAL INFORMATION: (Applicants must provide all information requested in this application for consideration in our program.)

*****ALL APPLICANTS MUST HAVE A CURRENT, WORKING EMAIL TO BE ELIGIBLE*****

Last Name:		First Name:		
Age:	Date of Birth:	Sex:	MALE	FEMALE
Home Phone:	Cell Phone:			
Current Mailing Address:	City:	State:	Zip:	
Email:				
Branch of military you served:	Dates of Service:	Type of Discharge:		

Have you ever completed or are you currently enrolled in another AmeriCorps program?
 If **YES** give date of enrollment and completion and name of program: CIRCLE ONE
YES NO

The 2010 BC season starts 4/17/2011 and ends 9/28/2011. Can you start and end on those dates?
 If **NO** then explain why and give start date: YES NO

Excluding a family death or emergency, is there any reason why you would need to leave during the season?
 If **YES** then explain why and give dates: YES NO

Height:	Feet	Inches	Weight:
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UNIFORM SIZES

(Note: you must provide accurate information.)

*Be sure you have tried on a Dickies Brand Long Sleeve Button-Up Work Shirt before you give your size.

Dickies Brand Long Sleeve Button-Up Work Shirt: (circle one)	S	M	L	XL	XXL	XXXL
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*Be sure you have tried on a pair of Ben Davis Original Brand 50/50 Heavy Weight Twill Pants before you give your size.

Ben Davis Original Brand 50/50 Heavy Weight Twill Pants:	Waist	In Seam
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*Make sure you have tried on a pair of the Vasque Summit Boots before you give your size.

Vasque Summit Boots Size:	(circle one) MENS Boot	WOMENS Boot	Width: (circle one) Narrow	Med	Wide
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Have you ever been convicted of a felony or sexual misconduct or do you have charges pending? CIRCLE ONE
YES NO

Are you currently on probation or parole?
 If **YES** give date it ends: YES NO

List any dietary preferences and/or food allergies you have (i.e. vegetarian, vegan, lactose intolerant, etc.):

EMPLOYMENT HISTORY & VOLUNTEER EXPERIENCE:

(NOTE: Past employers may be contacted for verification. Provide all information requested or your application will not be considered. Please use additional sheets of paper if you need more space or would like to include more than your previous two employers.) **USE ADDITIONAL PAPER IF NECESSARY**

Company:			
Supervisor:	Title:	Phone:	Email:
Company Address:			
Dates of Employment: Start:	End:	Your Job Title:	
Hours/Week:	Number of days missed :		
Reason for Leaving:			
Job Duties:			

Company:			
Supervisor:	Title:	Phone:	Email:
Company Address:			
Dates of Employment: Start:	End:	Your Job Title:	
Hours/Week:	Number of days missed:		
Reason for Leaving:			
Job Duties:			

Describe any volunteer experience you've had that would relate to our program:

Have you ever been fired, quit in lieu of getting fired or been involved in a serious disciplinary incident at work? If **YES** then describe the incident.

YES NO

EDUCATIONAL BACKGROUND AND TRAINING: USE ADDITIONAL PAPER IF NECESSARY

CIRCLE ONE

Do you have a High School Diploma or GED?

YES NO

Have you attended or are you currently attending college, graduate school, or technical school?

YES NO

If **YES**, complete the following:

School Name and Location: _____ Degree Earned? (circle one) **YES NO** Type of Degree: _____

Dates Attended: _____ Subject Studied: _____

If currently in school, give End Date of Spring Semester: _____ and Start Date Fall Semester: _____

TRAINING CERTIFICATIONS AND OTHER SKILLS

Do you currently have any of the following?

Class C CA Driver's License	YES	NO	Advanced 1 st Aid	YES	NO
Wilderness 1 st Responder	YES	NO	Standard 1 st Aid	YES	NO
Water Safety Instructor	YES	NO	Basic 1 st Aid	YES	NO
EMT Certification	YES	NO	Chainsaw Certification	YES	NO
CPR	YES	NO			

Describe any other certifications or formal trainings you have received:

List all other skills you have that may be relevant to our program:

Circle the best description of your swimming ability: **VERY STRONG STRONG MEDIUM POOR CAN'T SWIM**

Describe any experiences you have had living, working, or traveling in the outdoors:

Describe the most physically demanding work you've done for a prolonged period of time:

What hobbies do you have and/or what do you do on your free time?

HEALTH AND PHYSICAL CONDITION:

Due to the nature of our program which often requires our crew members to spend prolonged periods of time in remote, wilderness locations far from medical service facilities it is important that you answer each question fully and honestly. The information you provide us is NOT used to determine eligibility. Also, be aware that if selected you will be required to perform a physical fitness test that will test your ability to hike at a 3mph pace carrying on your back all of the gear you brought for the season. **USE ADDITIONAL PAPER IF NECESSARY.**

1. Describe any recent injuries and illnesses you've had in the past 12 months:

2. Describe any operations you've had in the past two years:

3. Do you currently have disabilities that might be a limitation to performing physically demanding work? **YES NO**
If **YES** Describe:

4. Describe any current or recent dental problems you've had in the past 12 months:

5. Are you currently taking any medications? **YES NO**

6. Describe any food allergies and/or dietary preferences you have (i.e. vegetarian, vegan, lactose intolerant, etc.). Be sure to describe the severity of the allergies and any flexibility you have with dietary preferences:

7. How many days of work have you lost in the past year?
Describe reasons for lost work time:

8. Are you allergic to poison oak? (circle one) **YES NO Never Exposed**

9. Are you allergic to bees? (circle one) **YES NO Never Exposed**

10. Circle the best description of your current health and physical condition: (circle one) **EXCELLENT GOOD FAIR POOR**

11. Are you a tobacco smoker? (circle one) **YES NO**

12. In our program you are required to hike at a **minimum** pace of 3mph and up to 18 miles a day or for 4 or more hours a day on steep, rugged terrain with 40 to 60 lbs. on your back on a daily basis. Will you be able to do this? **YES NO NOT SURE**

13. The work our crews perform is extremely physically demanding requiring people to: lift, roll, and move objects up to several hundred pounds, swing tools weighing up to 16 lbs., and perform repetitive work for 8 hours a day. Will you be able to do this? (circle one) **YES NO NOT SURE**

14. Please list and describe all physical activities you engage in on a regular basis and include frequency (i.e. bike 3 miles two times a week, weight lift 3 days a week, walk 1 mile to work 5 days a week, etc.):

