



# 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.

General Information: Provide all information and answer each question.

- Employment History and 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.
- Supplemental Application: Answer all questions thoroughly and thoughtfully. Use additional paper if necessary.
- Certification: You must provide a signature or electronic signature

## 2012 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.

**FINAL NOTE:** We must receive your **APPLICATION, TWO REFERENCE EVALUATION FORMS AND DD-214** (the one with your discharge status and service time), **IN ONE PACKET** by 5:00pm, 2/24/2012 Email your application packet to: [backcountrytrails@ccc.ca.gov](mailto:backcountrytrails@ccc.ca.gov), or mail it to:

Backcountry Trails Program, 1500 Alamar Way, Fortuna, CA 95540

**LATE APPLICATIONS WILL NOT BE ACCEPTED**



## 2012 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: <b>MALE</b>	<b>FEMALE</b>
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 applied to the Backcountry Trails Program before? CIRCLE ONE  
YES NO

If YES give the year(s):

Have you ever completed or are you currently enrolled in another AmeriCorps program? YES NO

If YES give date of enrollment and completion and name of program:

The 2012 BC season starts 4/23/2012 and ends 9/26/2012. Can you start and end on those dates? YES NO

Excluding a family death or emergency, is there any reason why you would need to leave during the season? YES NO

If YES then explain why and give dates:

Have you ever been convicted of a violent crime? CIRCLE ONE  
YES NO

Please indicate the crime: \_\_\_\_\_

Are You Currently on Probation or Parole? YES NO

Please indicate the crime and the terms and conditions of your parole or probation: \_\_\_\_\_

Are you a vegan? YES NO

If YES are you willing to eat a general vegetarian diet that includes dairy and egg products (i.e. breads and pasta made with egg)? YES NO

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

Company:		
Supervisor: Email:	Title:	Phone:
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 <sup>st</sup> Aid	YES	NO
Wilderness 1 <sup>st</sup> Responder	YES	NO	Standard 1 <sup>st</sup> Aid	YES	NO
Water Safety Instructor	YES	NO	Basic 1 <sup>st</sup> 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?







8. The Backcountry Trails Program is governed by rules and structure often at the expense of personal choice and freedom, and there is very little time to yourself and very little unsupervised time. How do you think this will affect you and how will you be able to handle this?

9. The Backcountry Trails Program is a drug and alcohol free program and we have a zero tolerance policy. Everyone in our program is required to complete the season while abstaining from drugs and alcohol. Are you willing to sign a Sobriety Pledge stating you will not use drugs or alcohol while participating in our program?

Circle one:                      YES              NO

10. Have you thoroughly read all of the information on our website looked at the equipment list and viewed the recruitment presentation? (<http://www.ccc.ca.gov/work/programs/Backcountry/Pages/default.aspx>),

Circle one:                      YES              NO

**CERTIFICATION**

I certify that the above information I have given is true and correct to the best of my knowledge and I understand that any misinformation or omission of information could result in disqualification or termination.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This application along with the 2 completed Reference Evaluation Forms and your DD-214 must be received by us **TOGETHER IN ONE PACKET** by 5:00pm, 2/24/2012. You can either send us your application material via mail or email.

Mailing address: Backcountry Trails Program, 1500 Alamar Way, Fortuna, CA 95540

Email address: [backcountrytrails@ccc.ca.gov](mailto:backcountrytrails@ccc.ca.gov)

If you have any questions refer to our website (<http://www.ccc.ca.gov/go/backcountry>) or call 707-725-5106.

Backcountry Trails Program, 1500 Alamar Way, Fortuna, CA 95540 Phone: 707-725-5106 Email: [backcountrytrails@ccc.ca.gov](mailto:backcountrytrails@ccc.ca.gov)



## **2012 BACKCOUNTRY TRAILS PROGRAM REFERENCE EVALUATION FORM #1**

**THIS SECTION IS TO BE COMPLETED BY APPLICANT'S WORK or PERSONAL REFERENCE.**

Please print neatly or type and attach blank pages if you need more space.

NAME OF APPLICANT: \_\_\_\_\_

Name of Reference:	Reference Phone #:
Reference Email:	Relationship to Applicant:
Name of Company:	Type of Business:

**PLEASE COMMENT ON THE FOLLOWING AREAS:**

1. Applicant's ability to work and live cooperatively with peers.
  
  
  
  
  
  
  
  
  
  
2. Applicant's work performance (punctuality, work pace, work quality, learning ability, enthusiasm for work, ability to follow directions, safety consciousness, etc.).
  
  
  
  
  
  
  
  
  
  
3. Applicant's ability to accept supervision, suggestions for improvement, and maintain safe practices and work pace with minimal supervision.
  
  
  
  
  
  
  
  
  
  
4. Please describe how the applicant responds to stressful situations (is the applicant unusually temperamental or easily frustrated?)



(Print Name)

(Title)

(Signature)

(Date)



## **2012 BACKCOUNTRY TRAILS PROGRAM REFERENCE EVALUATION FORM #2**

**THIS SECTION IS TO BE COMPLETED BY APPLICANT'S WORK or PERSONAL REFERENCE.**

Please print neatly or type and attach blank pages if you need more space.

NAME OF APPLICANT: \_\_\_\_\_

Name of Reference:	Reference Phone #:
Reference Email:	Relationship to Applicant:
Name of Company:	Type of Business:

**PLEASE COMMENT ON THE FOLLOWING AREAS:**

1. Applicant's ability to work and live cooperatively with peers.
  
2. Applicant's work performance (punctuality, work pace, work quality, learning ability, enthusiasm for work, ability to follow directions, safety consciousness, etc.).
  
3. Applicant's ability to accept supervision, suggestions for improvement, and maintain safe practices and work pace with minimal supervision.
  
4. Please describe how the applicant responds to stressful situations (is the applicant unusually temperamental or easily frustrated?).

5. Applicant's achievements, contributions, and quality of participation as an employee, or a member of a community.
  
6. How high is the applicant's level of desire for a Backcountry position?
  
  
  
  
  
  
  
  
  
  
7. What personal qualities does this applicant have that will help him or her be successful in our program?
  
  
  
  
  
  
  
  
  
  
8. Please provide any other information which you believe the Selection Panel should consider regarding this applicant:

SUPERVISOR or WORK REFERENCE:

Backcountry Trails Program, 1500 Alamar Way, Fortuna, CA 95540 Phone: 707-725-5106 Email: [backcountrytrails@ccc.ca.gov](mailto:backcountrytrails@ccc.ca.gov)

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(Print Name)

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(Title)

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(Signature)

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(Date)