

Idaho State Parks & Recreation is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit and hire qualified persons without regard to race, color, gender, religion, national origin, age, disability, or veteran status.

This application will be used to determine your qualifications for the Trail Ranger Program. Please read the application carefully, write legibly, and complete all of the information requested.

APPLICATION FOR EMPLOYMENT

HOW TO APPLY:

SUBMIT ONLINE USING BUTTON AT THE END OF THE APPLICATION OR

IDAHO DEPARTMENT OF PARKS & RECREATION

PRINT & MAIL APPLICATIONS TO:
 TRAIL RANGER PROGRAM
 IDAHO DEPARTMENT OF PARKS AND RECREATION P.O. BOX 83720
 BOISE ID 83720-0065



 Name

 Date You Can Report to Work

 Mailing Address

 Last Date You Can Work

 City State Zip

 Home Phone Message Phone

I Can Work: Early Shifts _____ Weekends _____
 Late Shifts _____ Holidays _____

Email address

Yes No Check "Yes" or "No" to each of the following questions or statements:

Yes	No	Check "Yes" or "No" to each of the following questions or statements:
		1. I certify that I am a US citizen, permanent resident, or Foreign National with authorization to work in the United States
		2. Have you worked for Idaho Parks & Recreation before? Where?
		3. Are you at least 18 years of age? (Required)
		4. I certify that I am in compliance with the provisions of the Selective Service Act (50 U.S.C. Appendix, War and National Defense Sections 451-473) and Idaho Code (Section 451-501 et seq.)
		5. Do you have or are you willing to obtain a driver's license?
		6. Are you willing to work in extreme heat, rain, or cold?
		7. Are you willing and able to locate your own housing and transportation for the season?
		8. Do you have current STANDARD FIRST AID CERTIFICATION? Expiration Date: _____
		9. Do you have a current CPR CERTIFICATE? Expiration Date: _____ What Kind? Adult _____ Child _____ Infant _____
		10. Except for a minor traffic offense, have you ever entered a plea of guilty, no contest, or had a Withheld judgment to a felony?
		11. Are you able to lift up to 50 lbs?
		12. Do you have a motorcycle endorsement, if not are you willing to obtain one before the season starts?

JOB RELATED EXPERIENCE

Employer Phone _____
to _____
City/State Dates of Employment
DUTIES: _____

Employer Phone _____
to _____
City/State Dates of Employment
DUTIES: _____

Reason for Leaving: _____

Reason for Leaving: _____

Employer Phone _____
to _____
City/State Dates of Employment
DUTIES: _____

Employer Phone _____
to _____
City/State Dates of Employment
DUTIES: _____

Reason for Leaving: _____

Reason for Leaving: _____

COMPLETE REVERSE SIDE - YOU MAY ATTACH ADDITIONAL INFORMATION IF YOU WISH

Information requested is VOLUNTARY. Data will be used to monitor our recruitment and selection practices and will be kept separate from application. Male_____; Female_____; Over 40 years of age_____; Black_____; White_____; Hispanic_____; Asian American_____; Native American Indian_____.
Park applied for _____ How did you hear about this job? _____

-----Staff Detach Here-----

JOB RELATED SKILLS: includes skills for Trail Rangers. You will be evaluated based on the job(s) applied for.

For each item, put a number from 1 to 5 which best describes your experience. Use the following key to decide which number to choose.

- KEY: 1. I am not willing to do this.
2. I have not done this before, but am willing to learn.
3. I know how to do this, but have no on-the-job experience.
4. I have some experience in this OR have received training in this.
5. This is a major task in my current and/or previous job(s).

TRAIL MAINTENANCE:

- | | |
|---------------------------------|---|
| _____ Felling Trees | _____ Installing, cleaning, water bars and drain dips |
| _____ Rebuilding Trail Tread | _____ Trimming Brush |
| _____ Blazing, Signing, Marking | _____ Map and Compass Reading |

EQUIPMENT OPERATION

- | | |
|-------------------------|------------------------------|
| _____ Chainsaw | _____ Off-Highway Motorcycle |
| _____ Pulaski | _____ Truck (manual shift) |
| _____ Other: List _____ | |

OFFICE/CLERICAL:

- | | |
|--------------------------------------|------------------------------------|
| _____ Checking records for accuracy | _____ Answering business telephone |
| _____ Logging or posting information | |
| _____ Computer operation | |
| _____ Typing: WPM _____ | |

PUBLIC RELATIONS & INTERPRETATION:

- | |
|--|
| _____ Giving talks to groups (specify) _____ |
| _____ Conducting research (specify) _____ |

SUPERVISION:

- | | |
|---|-----------------------|
| _____ Scheduling & assigning work to others | _____ Training others |
|---|-----------------------|

Region(s) you would prefer to work from. Please select the region(s) that apply.

Boise Coeur d' Alene Idaho Falls

COMPLETE THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

1) How many years have you been riding single-track trails on a motorcycle?

2) Are you willing to spend up to eight days away from home?

3) Are you confident in your ability to change a flat motorcycle tire in the field?

4) What is the procedure for changing a drowned out (water logged) motorcycle? What do you do when you get back to camp?

5) Give the name of a trail in Idaho or your state if you have not ridden in Idaho, including the trail number, National Forest District and drainage, you feel is the most difficult trail you have ever ridden on a motorcycle.

6) Why is the trail in question 6 so difficult?

7) What is a Pulaski and what can it be used for in trail maintenance?

8) What riding areas are you familiar with in Idaho?

9) On a motorcycle, what skill level would you consider yourself? (Circle answer) Beginner, Novice, Intermediate, Advanced, Expert

DESCRIBE YOUR EXPERIENCE ON MAINTENANCE AND REPAIR OF MOTORCYCLES AND CHAINSAWS: _____

Other qualifications: (college courses, volunteer work, languages, skills, hobbies, etc.)

PRINT FULL NAME _____ DATE _____

SIGNATURE _____

By writing or typing my name in the signature line above, I certify this application is true and complete to the best of my knowledge. I understand that if I falsified the information, my name will be removed from consideration, or my employment with the State terminated. My signature also authorizes you to conduct inquiries into my work record and performance with my employer.

SUBMIT