CHEROKEE NATION FIREDANCER
OKLAHOMA NATIVE AMERICAN FOREST FIREFIGHTER
APPLICATION

Since 1988 the Cherokee Nation Firedancers/OK SA Forest Firefighter organization has provided a valuable service in the suppression of wildfire nation-wide. In 14 years of firefighting, Cherokee Firedancers have earned outstanding reputations and the respect of all wildland fire management agencies throughout the United States.

Just as in every society or group, there are those individuals who will not, or can not accept the responsibilities that come with membership. These individuals are in the minority, but affect the majority, therefore, rules and regulations are necessary to deal with these few. For these reasons the Cherokee Firedancers/OK SA Forest Firefighter conditions-of-hire have been developed. These conditions are not intended to be punitive or negative, rather, they are designed to perpetuate the GOOD NAME OF THE CHEROKEE FIREDANCERS/OK SA Forest Firefighter.

You as a member of the Cherokee Firedancers/OK SA Forest Firefighter are (or will become) a part of the proud Cherokee Firedancers/OK SA Forest Firefighter tradition that has weathered the test of time. You are the present and the future of this program. Through your efforts Cherokee Firedancers/OK SA Forest Firefighter will continue to serve a unique role in the wildland firefighting organization, and will continue to develop an even better reputation in future years.

WELCOME TO A VERY SPECIAL FAMILY, THE CHEROKEE FIREDANCERS.

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PRIVACY ACT STATEMENT

Disclosure of your social security number (SSN) is mandatory as a condition-of-hire as a Cherokee Nation Firedancer/OK SA Forest Firefighter. The SSN is used primarily to gather earnings data in connections with lawful request from other agencies (Internal Revenue Service or State agencies). The hiring agency is the only agency with direct access to this information. The SSN must be used because it is possible that another employee's name is the same as yours.

Section 6311 of Title 5 to the U.S. Code authorizes collections of this information. Additional Disclosures of the information may be: to the Department of Labor, when processing a claim for compensation regarding a job related injury or illness; to a state unemployment compensation office, regarding a claim, to a Federal, State or Local Law enforcement agency, when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; and to the General Services Administration, in connection with its responsibilities for record management.

Where the employee identification number is your Social Security Number, collection of this information is authorization by Executive Order 9397. Furnishing the information in the recruitment package for Cherokee Nation Firedancer/OK SA Forest Firefighter including your Social Security Number is a condition-of-hire and failure to do so may result in disapproval of your request for employment.

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CONDITIONS OF HIRE

UPON SIGNING THIS AGREEMENT, YOU THE UNDERSIGNED, HAVE AGREED TO ABIDE BY THE CONDITIONS OF HIRE AS DESCRIBED IN THIS AGREEMENT.

1. You have agreed to be hired by an agency of the U.S. Government as an emergency Firefighter. The work is hard and sometimes must be performed under stressful situations and conditions. You may work more than 12 hours per day. Prompt compliance with your supervisor's instructions and orders are required at all times. You must be 18 years old and in good physical health (a physical examination is required at the discretion of the hiring official). Close living standards, set by your supervisor, particularity your hair, which must be maintained in such a way that a safety hat can be properly worn.

2. Disclosure of your social security number (SSN) is mandatory.

3. Possession of firearms, intoxicating beverages, marijuana and all other forms of controlled substances not prescribed by a physician is prohibited for the duration of the assignment, both on shift and off shift, until returned to original assembly point (Tahlequah) and released. POSSESSION OR EVIDENCE OF USAGE CONSTITUTES GROUNDS FOR IMMEDIATE DISCHARGE.

4. You must disclose any and all existing ailments or injuries before being sent out on assignment (existing ailments will not be covered by O.W.C.P.). Dental work that is not directly a result of working on the fire line must be paid by the Firefighter; (i.e., fillings that have fallen out, abscess conditions, tooth aches, loss of tooth). This can be charged against your fire time as a commissary item.

5. If you are fired, or you quit without good reason before your scheduled demobilization, your pay will stop at that time. Only the Agency Representative or Incident Commander may decide whether the Government will provide return transportation or pay your travel time back to where you where hired. You may be charged for the return transportation costs, and/or the cost of personal needs during the waiting time.

6. You will follow all safety practices, and not jeopardize your own safety, or the safety of others.

7. You will not purposely damage Government or personal property, this includes drawing or writing on any equipment that is issued to you; (i.e., yellow pack, brush jackets, hard hats, etc.).

8. You will not verbally or physically intimidate or threaten, or physically abuse co-workers or supervisors. THIS ACTION CONSTITUTES GROUNDS FOR IMMEDIATE DISMISSAL.

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9. You will not lie, cheat, or deliberately conceal the truth concerning employment or any of these conditions-of-hire terms. THIS ACTION CONSTITUTES GROUNDS FOR IMMEDIATE DISMISSAL.

10. If you are injured or get sick, you will report to your work supervisor immediately and provide complete details of injuries, and/or sickness, including witnesses.

11. Any government property (such as hard hats, tools, blankets, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad conditions, the cost of these items may be deducted from your check.

12. If you are on active duty with the armed forces you can not be employed or paid for firefighting. DO NOT APPLY FOR OR ACCEPT ASSIGNMENT AS A CHEROKEE FIREDANCER.

13. You, as a Cherokee Firedancer/OK SA Forest Firefighter are hired for a fire assignment. You will be restricted to a fire camp or staging area at the discretion of the Officer in Charge. The Officer in Charge, following Interagency Fire Business Management Handbook Policies, will determine your pay status.

14. You will abide by all terms of Rest and Relaxation, which are negotiated by the resource representative or Crew Representation in charge of your crew. These terms will be negotiated with the Planning Section Chief or other designated official on the incident. This policy is prepared to standardize the R & R terms for the Cherokee Firedancer/OK SA Forest Firefighter crews, and may be more restrictive than for others at the same work location.

15. You will be responsible for notifying your employer(s) any time you are going to be absent, due to you accepting a fire detail.

16. You will be set up with an agreement between yourself and your employer regarding your absence. Unlike the National Guard it IS NOT mandatory that your employer hold your job vacant until you return, and may terminate you if they desire.

17. There is no guarantee how long an assignment will last. Once you have accepted an assignment as the Cherokee Firedancer, you will be required to remain until released by the proper authority.

18. You are required to bring your own personal items that will be contained in 1 bag, both to and from the incident, with weight limitation of 35 pounds. No radios, “boom boxes”, or other electric gear weighing over 1 pound are allowed. Individuals exceeding the personal gear weight limitation will be required to leave excess weight items behind. The government will not be responsible for these items. Personal items should last at least 2 weeks.

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19. You are required to read and always be aware of the "18 situations that shout watch out" and "the 10 standard firefighting orders".

ANY FAILURE TO ABIDE BY ANY OR ALL OF THE CONDITIONS-OF-HIRE TERMS MAY BE GROUNDS FOR IMMEDIATE DISCHARGE. IF YOU QUIT OR ARE FIRED, YOU MAY NOT BE ENTITLED TO RETURN TRANSPORTATION OR TRAVEL TIME BACK TO YOUR POINT OF HIRE, OR YOU MAY BE CHARGED FOR YOUR RETURN TRANSPORTATION COST.

I the undersigned have read or been read and understand the above conditions-of-hire, and I agree to abide by them throughout the duration of my employment by the United States Government

_____ _____

EMPLOYEE SIGNATURE DATE

_____ _____

PRINT NAME SOCIAL SECURITY NO.

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TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

SOCIALSECURITY NUMBER	FIRST NAME	MI	LAST NAME
MAILING ADDRESS	CITY	ST	ZIP CODE
TELEPHONE (HOME)	TELEPHONE (MESS)	AGE	WEIGHT

Were you ever a member of a forest firefighting crew? Yes No
How many years?
Have you ever had a Rep. Card Revoked? Yes No
How many fires were you on last year?
Present occupation-If student enter present grade, name of school, and location

NOTE: A FALSE ANSWER TO ANY QUESTION IN THIS STATEMENT WILL BE GROUNDS FOR NOT APPROVING YOU, OR REVOKING YOUR FIREFIGHTING CARD INDEFINITELY.

I, the undersigned, certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. All information requested on this form is provided voluntarily. I understand that it will be used to determine and certify me as qualified for the position of Cherokee Firedancer/OK SA Forest Firefighter. This information is available to State and Federal Agencies responsible for fire suppression. I understand that withholding information will jeopardize my possibilities of being selected as a Cherokee Firedancer/OK SA Forest Firefighter. I have read, or been read, and understand and have signed, the Cherokee Nation Firedancer/OK SA Forest Firefighter Conditions-of Hire, attached.

Signature of Applicant Date

TO BE COMPLETED BY LOCAL AGENCY REPRESENTATIVE

APPLICANTS FIRE QUALIFICATIONS
CREW MEMBER SQUAD BOSS CREW BOSS

Enter Physical Fitness "Pack Test Score" (Min. 45min)
Based on the application, Statement of Physical ability, and physical fitness test, is the applicant qualified to be a member of the Cherokee Nation Firedancers Yes No

Agency Representative Signature Date

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GENERAL INFORMATION CONCERNING EMPLOYMENT AS A CHEROKEE NATION FIREDANCER/OK SA FOREST FIREFIGHTER

1. When you sign your time report, you are agreeing that it is correct. This includes commissary items charged. Do not sign the report until you agree.

2. Report any damage to or loss of your personal property to your supervisor before you leave the incident base camp. The government/Cherokee Nation assumes no responsibility for loss of personal items not needed for firefighting.

3. Whenever the Officer-in-Charge decides it is necessary, the government will furnish meals and lodging without cost (this is normal procedure). You will not receive additional pay for meals or lodging that you may furnish or meals you do not accept, or when the government is temporarily unable to furnish meals or lodging.

4. No income tax will be withheld from your check. However, your pay as a firefighter must be included as gross income for Federal Income Tax purposes. Report it on your State Income Tax report as directed by State instructions.

5. You will be paid an hourly rate. The rate will not change regardless of total number of hours of conditions under which worked. The AD Pay Plan under which you are hired establishes these rates to reflect all these condition. The Officer-in-Charge will advise you of the salary rate for your position.

6. The Government will provide or pay for necessary transportation from the place where you were hired to where you will work and return unless you are discharged for cause or quit without good reason.

7. You can expect to receive payment for firefighting within 3 days after the termination of your assignment by an Assisting Dispersing Office at the time of your release from employment.

8. The Availability of providing commissary varies with the agency in charge, and the size and skills of the incident command team. If a commissary is provided, the cost of anything you buy from the commissary will be deducted from your check. You cannot expect to be provided commissary on the incident until at least a week has passed. You may have to provide for yourself for up to 2 weeks. If necessities need replacing prior to establishment of a commissary, work with your Crew Boss, Crew Rep., and/or Resource Rep., to acquire the needed item.

9. A resource Representative or Crew Representative will arrange for rest and relaxation (R&R) with the appropriate R& R coordinator on the Incident Management Team. Cherokee Firedancer/OK SA Crews must stay together as a crew, with the Crew Rep, while on R&R. NO ALCOHOL, CONTROLLED SUBSTANCES, OR UNPRESCRIBED DRUGS WILL BE USED WHILE ON R&R. Such use will be grounds for removal from employment and may jeopardize the continued employment of the entire crew to which you are assigned.

10. THE GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER.

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DISCIPLINARY GUIDELINES FOR
CHEROKEE NATION FIREFIGHTERS

OFFENSE	**1ST OFFENSE**	**2ND OFFENSE**
MAJOR A. Willful failure to follow the reasonable instruction of supervisors or other flagrant demonstration of insubordination B. Absent without official leave from place of duty C. Serious violation of safety of any personnel D. Willful infliction of bodily injury to another person. E. Thievery or malicious damage of government and or private property. F. Conduct offensive or abusive to the public. G. Possession, use and/or under the influence of alcohol and/or controlled substances from time of hire to the time of release at the point of hire. H. Possession of a firearm or any other dangerous weapon. I. Willful, disruptive attacks or harassment of a person or group of persons because of their race, sex, age, ethnic origin, or religion.	Termination from fire assignment, pay stops and no guaranteed travel to home. Further disciplinary action based on Cherokee Firedancer/OK SA Review Board recommendations up to and/or including permanent suspension. If an infraction of law violator will be turned over to local authorities.	
MINOR All other violation of rules, regulations, policies, i.e., tardiness, attitude problems, trouble making, violations of camp procedures, etc.	Probation for remainder of the fire assignment. Review by Cherokee Nation Firedancer/OK SA Review Board for any further action.	Same as for Major Offenses, if occurs during Probation Period

THESE ARE GUIDELINES AND DO NOT COVER ALL POSSIBLE CIRCUMSTANCES, NOR DO THESE GUIDELINES TIE OR LIMIT MANAGEMENT TO ANY SPECIFIC ACTIONS. THESE GUIDES APPLY TO EITHER INDIVIDUALS OR CREWS.

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Please read instruction for each section before answering the questions. Please print answers in ink. If additional details are required, use section C. After completing this statement, be sure to sign your name and give the date in Section D. Your replies will be evaluated in terms of the particular position for which you are applying. AT THE DISCRETION OF THE APPOINTING OFFICER, A MEDICAL EXAMINATION MAY BE REQUIRED.

IDENTIFICATION OF APPLICANT

Name (Last, First, MI)	Date of birth (mo, day, yr)	Social Security Number
Address	City	State
Title of position applying for:		

SECTION A-PHYSICAL LIMITATIONS
Answer each item "yes" or "no" by placing and "X" in the proper box below. If you answer "yes" to any item, give additional details in section C.

	YES	NO
1. Do you wear eyeglasses or contact lenses?		
2. Do you have difficulty in distinguishing basic colors (red, blue, green)?		
3. Do you have difficulty in distinguishing shades of color?		
4. Do you have any hearing problems?		
5. Do you wear a hearing aid?		
6. Do you have any speech impairment that hinders person to person conversation?		
7. Do you have an amputation or abnormality of leg, foot, arm, and/or finger?		
8. Do you have difficulty in using arms or fingers for reaching in any direction grasping, handling, or fingering?		
9. Have you had any surgery to back, joints, or limbs?		
10. Has your doctor ever said you have heart trouble?		
11. Do you frequently have pains in your heart and chest?		
12. Do you often feel faint or have spells of severe dizziness?		
13. Has your doctor ever said your blood pressure was too high?		

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SECTION B ENVIRONMENTAL ENDURANCE FACTORS

Some positions may involve unusual working conditions or working outside. Answer each item "yes" or "no" by placing and "X" in the proper box. If you answer "no" to any item give additional details in Section C.

Can you work under the following conditions?

	Yes	No
1. Outside	_____	_____
2. Severe heat	_____	_____
3. Severe cold	_____	_____
4. Severe humidity	_____	_____
5. Severe dampness or chilling	_____	_____
6. Dry atmospheric Conditions	_____	_____
7. Severe noise	_____	_____
8. Constant noise	_____	_____
9. Dust atmosphere	_____	_____
10. Frequent exposure to smoke or gases	_____	_____
11. Some contact with oils solvents, or gases	_____	_____
12. Frequent walking over rough terrain	_____	_____
13. Frequent travel	_____	_____

SECTION C ADDITIONAL DETAILS

This space is for detailed answers to sections A and B. (Give item number and section letter).

_____

_____

_____

_____

If you need more space, attach additional sheets.

SECTION D. CERTIFICATION BY APPLICANT

Date of last satisfactory physical examination: _____

By:

_____ _____

(Doctor's name) (City, Clinic, etc.)

I certify that all the information I have furnished above is correct to the best of my knowledge and I authorize the release of any medical information, which will verify the above information. I understand that any information furnished under this authority will only be used to evaluate my physical fitness for firefighting.

_____ _____

Applicant's signature Date

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FIRDANCER
INFORMATION SHEET

PLEASE PRINT

NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____
(APARTMENT, P.O. BOX, STREET, OR ROUTE)

_____
CITY STATE ZIP

HOME PHONE: _____

CELL/BEEPER: _____

MESSAGE PHONE: _____

SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

AGE: _____ BIRTHDATE : _____WEIGHT: _____

CHEROKEE NATION FOREST
FIREFIGHTER EXAMINATION

Duties of firefighter require hazardous physical exertion under rigorous and unusual circumstances. Firefighters must be able to hike long distances over steep terrain; perform strenuous labor with shovel, ax, and grubbing tools for 10 to 16 hours under hot, dusty, and smoky conditions; lift and carry backpacks up to 45 pounds, and subsist in remote areas for up to 2 weeks without access to medical care or medications.

To assess actual fitness, the applicant will be expected to take and pass one of the Work Capacity Tests, which is explained in section III under physical examinations.

The physician will determine the overall physical fitness of the applicant and ability to perform tasks.

The physical exam or medical history may automatically disqualify the applicant for duty.

CERTIFICATION OF FIREFIGHTER'S PHYSICAL CONDITION AND AUTHORIZATION FOR PHYSICIAN TO RELEASE MEDICAL INFORMATION

Name:_____ SSN:_____

Address:_____ D.O.B._____

Date of last satisfactory physical exam:_____

(1)	Have you suffered any chronic illness since the date of last satisfactory physical exam:	Yes _____	No _____
(2)	Have you been hospitalized for any reason since the date of your last satisfactory physical examination:	Yes _____	No _____
(3)	Are you taking any long term medication:	Yes _____	No _____
(4)	Are you under the continuing care of a physician:	Yes _____	No _____
(5)	Are you pregnant? (six week postpartum checkup and release from a physician is required):	Yes _____	No _____

I hereby certify that the answers to the above questions are correct to the best of my knowledge and I authorize the release of medical information, which will verify the above answers or provide information concerning the severity of the following condition(s), which I have identified: _____

_____

_____

_____

I understand that any information furnished under this authority will only be used to evaluate my physical fitness for firefighting

_____ _____

Witness Signature