

CANOPY CHALLENGE COURSE AT FALL CREEK FALLS

EMPLOYMENT APPLICATION

General Information

Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		<i>MM/DD/YYYY</i>
Address:	<i>Street</i>			Apartment/ Unit #	
	<i>City</i>			State	Zip Code
Phone:		Email:			
Date Available:		End Date <i>(If Seasonal)</i>		Desired Wage: \$	

Position Applied For: **Other**

<i>Answer yes or no for the following.</i>	<i>If Yes</i>	<i>If No</i>	<i>Further info needed.</i>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, then are you authorized to work in the U.S.?
Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, explain:

Education

Highschool:		Address:			
From:	To:	Did you graduate? YES <input type="checkbox"/> / NO <input type="checkbox"/>		Degree:	
College:		Address:			
From:	To:	Did you graduate? YES <input type="checkbox"/> / NO <input type="checkbox"/>		Degree:	
Other:		Address:			
From:	To:	Did you graduate? YES <input type="checkbox"/> / NO <input type="checkbox"/>		Degree:	

References (please list three professional references)

Name:		Relationship:			
Company:			Phone:		
Address:					
Name:		Relationship:			
Company:			Phone:		
Address:					
Name:		Relationship:			
Company:			Phone:		
Address:					

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous employer for a reference? YES <input type="checkbox"/> / NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous employer for a reference? YES <input type="checkbox"/> / NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous employer for a reference? YES <input type="checkbox"/> / NO <input type="checkbox"/>			

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Certifications and Applicable Training

Please list current certifications and relevant training:

Disclaimer and Signature

I certify that my answers are true and accurate to the best of my knowledge.

If this application leads to employment, I understand that any false or misleading information giving on this application or during the interview may result in an immediate termination of employment.

Signature:	Date:
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Additional Questions

Are you at least 18 years of age? YES / NO

Do you have a reliable transportation? YES / NO

Are you at least 21 years of age? YES / NO

Briefly describe your background and experience as it relates to the prospect of becoming a representative and employee of Canopy Challenge Course, LLC.

What are your long term educational and professional goals? How does work at Canopy Challenge Course, LLC fit in with these goals?

List other relevant experience that might be valuable in your position as an employee of a growing eco-tourism business?

Availability? Please comment on your availability including start dates and other obligations.