|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | We are an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. | |
|  | | | | | | | | |
| **Personal Information** | | | | | | | | |
| Name | |  | |  | | DOB | Gender (Optional) | |
|  | | | | |  |  |  | |
| Address | |  | | City | | State | Zip | |
|  | | | |  | |  |  | |
| Phone Number | | Mobile Number | | Email Address | |  |  | |
|  | |  | |  | | | | |
| Are You A U.S. Citizen? | |  | | Have You Ever Been Convicted Of A Felony? | | | | |
| Yes | No | | | Yes | | No | |  |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? | | | | | | | | |
| Yes | No | | |  | |  | |  |
|  | | | | | | | | |
| **Position** | | | | | | | | |
| Position You Are Applying For  Raft Guide  Raft Guide Training  Kayak Instructor  Driver | | | | Preferred Starting Date | |  | Desired Pay | |
|  | | | |  | | |  | |
|  | | | | | | | | |
| **Education** | | | | | | | | |
| School Name | | | Location | Years Attended | | Degree Received | Major | |
|  | | |  |  | |  |  | |
|  | | |  |  | |  |  | |
| **[** | | | | | | | | |
| **References** | | | | | | | | |
| Name | | | | Title | | Company | Phone | |
|  | | | |  | |  |  | |
|  | | | |  | |  |  | |
|  | | | |  | |  |  | |
| **Employment History** | | | | | | | | |
| **Employer (1)** | |  | | Job Title | |  | Dates Employed | |
|  | | | |  | | |  | |
| Work Phone | |  | | Starting Pay Rate | |  | Ending Pay Rate | |
|  | | | |  | | |  | |
| Address | |  | | City | | State | Zip | |
|  | | | |  | |  |  | |
| **Employer (2)** | |  | | Job Title | |  | Dates Employed | |
|  | | | |  | | |  | |
| Work Phone | |  | | Starting Pay Rate | |  | Ending Pay Rate | |
|  | | | |  | | |  | |
| Address | |  | | City | | State | Zip | |
|  | | | |  | |  |  | |
| **Employer (3)** | |  | | Job Title | | | Dates Employed | |
|  | | | |  | | |  | |
| Work Phone | |  | | Starting Pay Rate | |  | Ending Pay Rate | |
|  | | | |  | | |  | |
| Address | |  | | City | | State | Zip | |
|  | | | |  | |  |  | |

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|  |
| **Additional Questions** |

**Recall a moment where you were physically and/or mentally challenged and describe what tools you used to overcome those challenges.**

**Describe how you helped somebody else get through the same kinds of challenges described above.**

|  |  |  |
| --- | --- | --- |
| **Signature Disclaimer** | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | |
| Name (Please Print) |  | Signature |
|  | |  |
| Date |  |
|  | |