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| --- | --- | --- |
|  | 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 |  |
|       |