

ADVENTUROUS ANTELOPE CANYON TOURS

Employment Application

PLEASE PRINT CLEAR FOR ALL

Applicants Information					
SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME		
OTHER NAMES USED IF APPLICABLE	MAILING ADDRESS	CITY	STATE	ZIP CODE	
DRIVER'S LICENSE NUMBER	TYPE <input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)	
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS			
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB</small>	IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)		
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If not previously submitted, please provide a copy of DD Form 214/215</small>	DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If Yes, please attach an Application for Veterans' Employment Preference</small>				
HAVE YOU EVER WORKED FOR ADVENTUROUS ANTELOPE CANYON TOURS/GALLERIA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST MONTH/YEAR AND REASON FOR LEAVING:					
POSITION INTEREST					
1. POSITION TITLE	FULL-TIME / PART-TIME / SEASONAL	SALARY DESIRED	DATE YOU CAN START		
2. POSITION TITLE	FULL-TIME / PART-TIME / SEASONAL	SALARY DESIRED	DATE YOU CAN START		
EDUCATION					
NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR	
	FROM	TO			
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL					
LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING					
LIST JOB RELATED SKILLS:					
REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for. Do not repeat names of supervisors listed under work history.					
NAME	ADDRESS	TELEPHONE NUMBER			
1.					
2.					
3.					
ADDITIONAL EMPLOYMENT INFORMATION					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? * <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE AND REASON. ATTACH ADDITIONAL SHEET IF NECESSARY					
* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application					
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE AND REASON					

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application
 LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH ADVENTUROUS ANTELOPE CANYON TOURS/GALLERIA? YES NO

NAME/ DEPARTMENT RELATIONSHIP:

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EMPLOYMENT HISTORY
 (Do not indicate "See Resume". Begin with current or most recent position.)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH ADVENTUROUS ANTELOPE CANYON TOUR (AACT). MY SIGNATURE BELOW AUTHORIZES AACT TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE AACT TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE _____ DATE _____