EMPLOYMENT APPLICATION – PADDLE INN RAFTING COMPANY

| # of IRS Deductions for Tax pur | | | Age: | | |
|-------------------------------------|---------------------|------------------|---------------------|---------------|--|
| Email Address: | | | Male | Female | |
| PERSONAL INFORMATION | I | | | | |
| Full Name: | | | Today' | Today's Date: | |
| SSN: | Driver's License #: | | State: | | |
| Address for W2's: | | City: | State | Zip | |
| Home #: | | Cell #: | | | |
| In Case of Emergency, Contact: _ | | Rela | ationship? | | |
| #: | Available Start I | Date: | Available tl | nrough: | |
| CPR Certified: Yes | No | Expiration D | Pate for CPR Certif | ication: | |
| First Aid Certified: Yes | No | Expiration | Date for FA Certi | fication: | |
| Are you Allergic to Bees: Yes | No | | | | |
| Have you ever been convicted of a | ı Felony: | Yes No | | | |
| If yes, When, and what for, and ar | e you on probation | on? | | | |
| | | | | | |
| Have you been Ticketed for a driv | ring violation (La | st 3 Years): Yes | No | | |
| If yes, please explain What for, an | <u> </u> | st 3 Tears). Tes | 110 | | |
| if yes, piease explain what for, an | iu when. | | | | |
| | | | | | |
| | | | | | |
| Describe Duties / Responsibili | ties / Accomplis | shments | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Previous Work Experience - Last Employer First

| Employer: | | | |
|--|---|--|--|
| | Supervisor: | | |
| City/State: | Phone #: | | |
| Describe Duties/Responsibilities/Accomplishments: | | | |
| | | | |
| Reason for Leaving: | | | |
| Dates of Employment (Month/Year): From | To | | |
| Employer: | | | |
| | Supervisor: | | |
| City/State: | Phone #: | | |
| Describe Duties/Responsibilities/Accomplishments: | | | |
| Reason for Leaving: | | | |
| Dates of Employment (Month/Year): From | | | |
| Employer: | | | |
| Job Title: | | | |
| City/State: | | | |
| Describe Duties/Responsibilities/Accomplishments: | | | |
| Reason for Leaving: | | | |
| Dates of Employment (Month/Year): From | To | | |
| statement herein, obtain a DMV report, etc., to dete | et. I authorize Paddle Inn Rafting Company to investigate any ermine my qualifications. Any false or misleading information liate termination. I understand that I am required to abide by all g Company. | | |
| Signed: | Date: | | |