EMPLOYMENT APPLICATION – PADDLE INN RAFTING COMPANY

SSN:	Have you ever been convicted of a Felony: (Yes/No)? If yes, When, and what for, and are you on probation? Have you been Ticketed for a driving violation(Last 3 Years): . Yes . No? If yes, please explain What for, and EDUCATION AND/OR SPECIAL SKILLSETS: Colleges/Trade Schools, OJT, Trade Skills, etc EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Military service assignments and volunteer activities. What type of Skills have you Developed.	Full Name:	Today's Data:	
Address for W2's:	Address for W2's:			
Home #: Cell #:	Home #:	SSN:	Driver's License #:	State:
In Case of Emergency, Contact:	In Case of Emergency, Contact:	Address for W2's:	City:	StateZip
Available Start Date:	Available Start Date:	Home #:	Cell #:	
CPR Certified: . Yes . No ? Expiration Date for CPR Certification: First Aid Certified: . Yes . No ? Expiration Date for Certification: Are you Allergic to Bees: Yes/No Have you ever been convicted of a Felony: (Yes/No) ? If yes, When, and what for, and are you on probati Have you been Ticketed for a driving violation(Last 3 Years): . Yes . No ? If yes, please explain What for EDUCATION AND/OR SPECIAL SKILLSETS: Colleges/Trade Schools, OJT, Trade Skills, etc EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Military servassignments and volunteer activities. What type of Skills have you Developed. Employer: Job Title: Supervisor:	CPR Certified: . Yes . No ? Expiration Date for CPR Certification: First Aid Certified: . Yes . No ? Expiration Date for Certification: Are you Allergic to Bees: Yes/No Have you ever been convicted of a Felony: (Yes/No) ? If yes, When, and what for, and are you on probation? Have you been Ticketed for a driving violation(Last 3 Years): . Yes . No ? If yes, please explain What for, and EDUCATION AND/OR SPECIAL SKILLSETS: Colleges/Trade Schools, OJT, Trade Skills, etc EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Military service assignments and volunteer activities. What type of Skills have you Developed. Employer: Job Title: Supervisor: City/State: Phone #: Describe Duties/Responsibilities/Accomplishments:	In Case of Emergency, Contact:	Relationship?	#:
First Aid Certified: . Yes . No ? Expiration Date for Certification:	First Aid Certified: . Yes . No ? Expiration Date for Certification: Are you Allergic to Bees: Yes/No Have you ever been convicted of a Felony: (Yes/No) ? If yes, When, and what for, and are you on probation? Have you been Ticketed for a driving violation(Last 3 Years): . Yes . No ? If yes, please explain What for, and EDUCATION AND/OR SPECIAL SKILLSETS: Colleges/Trade Schools, OJT, Trade Skills, etc EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Military service assignments and volunteer activities. What type of Skills have you Developed. Employer: Job Title: Supervisor: City/State: Phone #: Describe Duties/Responsibilities/Accomplishments:	Available Start Date:	Available th	rough:
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		EMPLOYMENT/WORK EXPERIENT assignments and volunteer activities. Work Employer:	NCE: Start with your present or most hat type of Skills have you Developed Superviso Phone #	recent position. Military service d.
Reason for Leaving:		Dates of Employment (Month/Year): Fr	om	To

PAGE 2 OF 2

to investigate any statement contained in this application, and to obtain a driving record report on me as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand that I am required to abide by rules, regulations and policies of the Paddle Inn Rafting Company. I have also read the Employee handbook, and understand duties and obligations at the Paddle Inn Rafting Company.	Employer:		
Describe Duties/Responsibilities/Accomplishments: Dates of Employment (Month/Year): From			
Reason for Leaving:	Describe Duties/Responsibilities/Acco	mplishments:	
I certify that the above answers are true and complete to the best of my knowledge. I authorize Paddle Inn Rafting Compato investigate any statement contained in this application, and to obtain a driving record report on me as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand that I am required to abide by rules, regulations and policies of the Paddle Inn Rafting Company. I have also read the Employee handbook, and understand duties and obligations at the Paddle Inn Rafting Company. Signed:	Reason for Leaving:		
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Arrange Interview: . Yes . No Date of Working Interview: Time:			
FOR OFFICE USE ONLY: Arrange Interview: . Yes . No Date of Working Interview: Time:	to investigate any statement contained determine my qualifications. I understate agreement. In the event of employment correspondence, discussions or interview rules, regulations and policies of the Pa	in this application, and to ob and that this application is no a, I understand that any false we may result in immediate to addle Inn Rafting Company.	tain a driving record report on me as necessary to of and is not intended to be any kind of contract or or misleading information given in my application, ermination. I understand that I am required to abide by
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Approved: Vec. No Start Date:	Approved: Ves. No Start Date:		End Date:
Approved: . Yes . No Start Date: End Date:			
By: Date:	By:		Date:
Copy of DL & Certs: Tax Forms: Employment Contract:	Copy of DL & Certs:	Tax Forms:	Employment Contract: