

EMPLOYMENT APPLICATION – PADDLE INN RAFTING COMPANY

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

of IRS Deduction for Tax purposes _____ Date of Birth ____/____/____ Age: _____

PERSONAL INFORMATION:

Full Name: _____ Today's Date: _____

Available Start Date: _____ Available through: _____

Days NOT available to work: _____ Date of Birth _____

SSN: _____ Driver's License #: _____ State: _____

Complete Address: _____

Home #: _____ Cell #: _____

In Case of Emergency, Contact: _____ #: _____

Have you ever been convicted of or charged with a felony or misdemeanor: . Yes . No ? If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

Have you ever been cited for or charged with a driving violation: . Yes . No ? If yes, please explain details in full, including dates, details of offense(s) charged and location of offense(s) charged:

EDUCATION:

High Schools/Colleges Attended: # Years Year Graduated Degree

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex, or national origin. Previous employment may be used as a work reference.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone #: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____
Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone #: _____
Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____
Dates of Employment (Month/Year): From _____ To _____

PERSONAL REFERENCES:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
How long have you known this reference: _____ Phone #: _____
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
How long have you known this reference: _____ Phone #: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this line of work:

CPR Certified: . Yes . No ? Expiration Date for CPR Certification: _____
First Aid Certified: . Yes . No ? Expiration Date for Certification: _____

I certify that the above answers are true and complete to the best of my knowledge. I authorize Paddle Inn Rafting Company 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 also, that I am required to abide by all rules, regulations and policies of the Paddle Inn Rafting Company.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Arrange Interview: . Yes . No Date of Working Interview: _____ Time: _____

Remarks:

Approved: . Yes . No Start Date: _____ End Date: _____

By: _____ Date: _____

Copy of DL & Certs: _____ Tax Forms: _____ Employment Contract: _____