

APPLICATION FOR EMPLOYMENT

Position Desired: _____ [☐] Part-time [☐] Full-time Date _____

Name _____
 (Print) Last First Middle

Present Address _____ How long have you lived there? _____
 Street and Number City State/ZIP Years Months

Previous Address _____ How long did you live there? _____
 Street and Number City State/ZIP Years Months

Telephone No. _____ Social Security No. _____

Have you ever worked for this company before? [☐] Yes [☐] No
 If Yes, please give dates and position: _____

Have you ever plead guilty or "no contest" to, or been convicted of a misdemeanor or felony? [☐] Yes [☐] No
 If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for **all** periods of time including military service and any period of unemployment. If self employed, give firm name and supply business references. [Add additional page(s) if necessary]

_____ Present or Last Employer _____ Address _____ City, State, Zip	Employed From (mo/yr) _____ To (mo/yr)	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of your Last Supervisor May we contact? _____	Reason for Leaving _____ _____ _____
_____ Previous Employer _____ Address _____ City, State, Zip	Employed From (mo/yr) _____ To (mo/yr)	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of your Last Supervisor May we contact? _____	Reason for Leaving _____ _____ _____
_____ Previous Employer _____ Address _____ City, State, Zip	Employed From (mo/yr) _____ To (mo/yr)	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of your Last Supervisor May we contact? _____	Reason for Leaving _____ _____ _____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No If Yes please explain (below)

May we contact your current employer? ☐ Yes ☐ No If No, please explain (below):

Do you have ACCT or PRCA zipline guide certification or training? ☐ Yes ☐ No

Please indicate any actual experience and qualifications that you have which you feel are relevant to the position for which you are applying (below):

If hired, can you furnish proof that you are over 18 years of age? ☐ Yes ☐ No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? ☐ Yes ☐ No

Do you have adequate transportation to and from work? ☐ Yes ☐ No

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE.

SIGNATURE OF APPLICANT

DATE