

Endless River Adventures

* An Equal Opportunity Employer Application Date: Hire Date:
 * An Employment At-Will Company

EMPLOYMENT APPLICATION

Please Print

GENERAL			
Last Name	First Name	Middle Initial	
Social Security Number _____*_____*_____	Last Name	First Name	Middle Initial
Permanent Address		Email Address:	
City	County	State	Zip
Current Address		Phone Number*WHERE WE CAN REACH YOU/LEAVE MESSAGE	
City	County	State	Zip
Date of Birth	age:	Employment Desired ___ Full-Time ___ Part-Time	Days Available M T W T F S S
Position(s) Desired		Period of Availability	Starting: Ending:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", explain	
EDUCATION (Name and Address)		No. of Yrs.	Degree
High School			
College			
Other (Specify)			
EMPLOYMENT (List most recent job first)			
Company	Address	Name of Supervisor	
Job Title/Duties Performed	Phone No.(Area Code) ()	From Mo. Yr.	To Mo. Yr.
Reason for Leaving			
Company	Address	Name of Supervisor	
Job Title/Duties Performed	Phone No.(Area Code) ()	From Mo. Yr.	To Mo. Yr.
Reason for Leaving			
Company	Address	Name of Supervisor	
Job Title/Duties Performed	Phone No.(Area Code) ()	From Mo. Yr.	To Mo. Yr.
Reason for Leaving			
MAY WE CONTACT YOUR PRESENT EMPLOYER? () YES () NO			

PERSONAL REFERENCES (Not former employees or relatives)

Name	Relationship or Title	Phone Number (Area Code)
Name	Relationship or Title	Phone Number (Area Code)
Name	Relationship or Title	Phone Number(Area Code)
Name	Relationship or Title	Phone Number (Area Code)

EXPERIENCE - Please Detail

Large empty box for detailing work experience.

TRAINING

Are You Currently Certified in First-Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Certification?	Expiration Date?
Are You Currently Certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date?
Have You Been Checked Out On The River? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Which Company?	
Do You Have a C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date?

REMARKS AND ADDITIONS

Large empty box for remarks and additions.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with employer policy. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the employer and my employment.

Date

Signature

