

Seasonal Employment Application 2022 Summer/Fall



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:	City:	State:	Zip:
Phone:	E-mail:		Are you over 18?
Date Available to start:	Are you willing to work? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/>		
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you available during the winter season? YES or NO (circle one)	
Have you ever applied for employment with our Company? YES <input type="checkbox"/> NO <input type="checkbox"/>		Position/Dates:	

Areas of Interest (please indicate your top 3 choices, using 1, 2, 3)

Aerial Treetop Adventure Course		Bike Patrol	
Guide (18+)		Paid Patroller (18 and older with CPR and First Aid)	
Camp Counselor		Front Desk	
Outdoor Adventure Camp Counselor (16+)		Customer Service	
Rental Shop		Outdoor Operations	
Mechanic (18 and older)		Maintenance	
Sales Associate		Grounds	

EMPLOYMENT HISTORY <i>(List below last three employers, starting with the most recent one first)</i>			
Present or Last Position:	Company:	From (Mo/Yr.):	To (Mo/Yr.):
Street Address:	City:	State:	Zip:
Duties:	Reason for leaving:		
May we contact your Supervisor: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Supervisor:		
Title and department of Supervisor:	Phone number of Supervisor:		

Present or Last Position:	Company:	From (Mo/Yr.):	To (Mo/Yr.):
Street Address:	City:	State:	Zip:
Duties:	Reason for leaving:		
May we contact your Supervisor: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Supervisor:		
Title and department of Supervisor:	Phone number of Supervisor:		

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EDUCATION INFORMATION			
High School or GED:	City & State:	Degree:	Major:
College:	City & State:	Degree:	Major:
Graduate School:	City & State:	Degree:	Major:
Other:	City & State:	Degree:	Major:
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS & EXTRA CURRICULAR ACTIVITIES.			
ADDITIONAL INFORMATION			
Other qualifications- Summarize special job-related skills and qualifications acquired from employment or other experiences			
Specialized Skills (List skills/ equipment operated/ computer software programs used)			
PROFESSIONAL AND PERSONAL REFERENCES REQUIRED. * Under 18 years of age, 2 personal references are required.			
Name	Address	Phone number	Work Relationship

Have you been convicted of crimes against a child or vulnerable adult? YES NO

Do you have a past or present license revocation? YES NO

PLEASE READ THE FOLLOWING STATEMENTS VERY CAREFULLY	
<ul style="list-style-type: none"> In consideration of my employment, I agree to conform to the policies and procedures of the Company. I understand that in accepting this application, the Company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or if I am hired, in my employment being terminated. I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms. 	
Signature	Date