

Application for Employment For Passages Adventure Camp (Please Print)

NOTE: please do not substitute a resume for this application.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number Home Telephone Cell Phone E-Mail Address

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: () Kayak Staff or () Climb Staff

() Counselor In Training ages 14-15 () Junior Counselor ages 16-17 () Counselor ages 18 and older Other: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Peak Experiences, Inc.? Who?

3. How were you referred to Peak Experiences, Inc.? _____

4. Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
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High School _____

College _____

Tech. Training _____

Formal Climbing/Kayaking Instruction _____

Other _____

III. Employment Record *Please include all employment for the last five years.*

1. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

2. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

3. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. Certifications Held

CPR certification level _____ expiration date _____
First Aid Certification level _____ expiration date _____
Other certifications _____

V. Organizational Memberships

Please list below any relevant memberships. _____

VI. References *Please do not include relatives or former employers.*

1.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	

VII. Work Availability

- 1. If your application receives favorable consideration, when will you be available to begin work? _____
- 2. Do you have any objection to working overtime? () Yes () No
- 3. Can you work overtime without prior notice? () Yes () No
- 4. Can you work on Saturday? () Yes () No
- 5. Can you work on Sunday? () Yes () No
- 6. Can you work evenings? () Yes () No
- 7. Can you travel if required by this position? () Yes () No

VIII. Hobbies / Climbing / Outdoor Experiences

What hobbies/activities do you participate in? _____

What level would you consider yourself in each _____

IX. Signature of Applicant

I certify that to the best of my knowledge the above information is true, accurate and up to date. I understand that if hired, the discovery of any attempt to misrepresent myself on this or any other document is grounds for dismissal.

_____	_____
Applicant Signature	Date

Official use only:	Check if included: _____ resume
Date application received: _____	_____ DMV record (if needed for position)
Received by: _____	_____ 3 letters of recommendation
Interview date (if set up) _____	_____ other _____