

**LANDER'S RIVER TRIPS**

An Equal Opportunity Employer

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

APPLYING FOR:  CONTRACT WRITER  BEACH STAFF  OFFICE  CANOE CREW  
 MAINTENANCE  SECURITY  SHUTTLE DRIVER  OTHER \_\_\_\_\_

LOCATION PREFERRED:  SKINNER'S FALLS  NARROWSBURG  TMR  MINISINK  
 POND EDDY  MATAMORAS  OTHER \_\_\_\_\_

AVAILABLE TO WORK: (START DATE) \_\_\_\_\_ (END DATE) \_\_\_\_\_

REQUESTED HOURLY WAGE \$ \_\_\_\_\_

ARE YOU AVAILABLE MEMORIAL DAY & LABOR DAY WEEKENDS?  YES  NO

ARE YOU AVAILABLE WEEKENDS AFTER LABOR DAY?  YES (UNTIL WHEN) \_\_\_\_\_  NO

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO STATE \_\_\_\_\_  
LICENSE NUMBER \_\_\_\_\_

DO YOU HAVE ANY VIOLATIONS?  YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE CURRENT FIRST-AID CERTIFICATION?  YES  NO  
TYPE \_\_\_\_\_ EXP DATE \_\_\_\_\_  
CURRENT CPR?  YES  NO TYPE \_\_\_\_\_ EXP DATE \_\_\_\_\_

OTHER CERTIFICATIONS \_\_\_\_\_

DO YOU HAVE ANY DISABILITIES OR HEALTH ISSUES THAT MAY AFFECT YOUR WORK?  
 YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME?  
 YES  NO IF YES, PLEASE PROVIDE DATES AND DETAILS \_\_\_\_\_

(ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

ARE YOU CURRENTLY A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

**EDUCATION: CURRENT STATUS**

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

# YEARS COMPLETED \_\_\_\_\_ DEGREE AND/OR DIPLOMA  YES  NO

SPECIAL TRAINING AND/OR SCHOOL ACTIVITIES \_\_\_\_\_  
\_\_\_\_\_

**JOB EXPERIENCE: Listing most recent first**

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ - \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WAGE \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ - \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WAGE \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

**LIST ADDITIONAL JOB EXPERIENCE OR PROFESSIONAL REFERENCES**

1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMMENTS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMMENTS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMMENTS \_\_\_\_\_

PERSONAL INTERESTS AND ACTIVITIES \_\_\_\_\_

HOW DID YOU HEAR ABOUT EMPLOYMENT OPPORTUNITIES AT LANDER'S RIVER TRIPS?

BASED UPON YOUR BACKGROUND AND EXPERIENCES, WHAT CONTRIBUTIONS WOULD YOU EXPECT TO MAKE TO LANDER'S RIVER TRIPS? (include any skills and abilities, previous experience working with people, etc.)

APPLICANT'S AGREEMENT: I understand that any incomplete, misleading or false information stated above may result in immediate dismissal by Lander's River Trips. I agree to abide by the employment policies and procedures of Lander's River Trips and understand that I may be terminated at any time. I realize that the work schedule demands flexibility and commitment upon my accepting employment. I also understand that post-accident drug/alcohol testing is required when filing a workman's compensation claim. I authorize Lander's River Trips to contact any employment or personal references listed in the above application.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_