

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: _____