

EMPLOYMENT APPLICATION

P.O. Box 1329, Winter Park, CO 80482 • (970) 726-9247 • www.grandadventures.com • info@grandadventures.com

DATE OF APPLICATION: _____ / _____ / _____ SOCIAL SECURITY #: _____ - _____ - _____

NAME: _____ PRESENT PHONE: (_____) _____

POSITION APPLYING FOR: _____ PERMANENT PHONE: (_____) _____

EMAIL ADDRESS: _____

PRESENT ADDRESS: _____

City: _____ State: _____ Zip: _____

PERMANENT ADDRESS: _____

City: _____ State: _____ Zip: _____

DATES YOU ARE AVAILABLE TO WORK: From: _____ To: _____

DATES DURING THIS TIME IN WHICH YOU HAVE OTHER COMMITMENTS: _____

EDUCATION

HIGH SCHOOL: _____ Location: _____

Dates Attended: _____ Graduated: ___ Yes ___ No

COLLEGE: _____ Location: _____

Dates Attended: _____ Graduated: ___ Yes ___ No

Degree: _____ Major: _____

COLLEGE: _____ Location: _____

Dates Attended: _____ Graduated: ___ Yes ___ No

Degree: _____ Major: _____

OTHER SCHOOLING: _____

OTHER ACTIVITIES ABOUT WHICH YOU WOULD LIKE US TO KNOW: _____

CERTIFICATIONS

PLEASE LIST YOUR MEDICAL-RELATED CERTIFICATIONS.

(Standard first aid and CPR certifications are required of all guides. If you do not have them, please know that we would require you to have them before beginning employment.)

TYPE OF CERTIFICATION: _____ Expires: _____ / _____ / _____

TYPE OF CERTIFICATION: _____ Expires: _____ / _____ / _____

TYPE OF CERTIFICATION: _____ Expires: _____ / _____ / _____

PREVIOUS EMPLOYMENT/MILITARY SERVICE

(Most recent first, please)

EMPLOYER: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Duties Performed: _____

Supervisor's Name: _____ Dates Employed: _____

Reason for Leaving: _____

EMPLOYER: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Duties Performed: _____

Supervisor's Name: _____ Dates Employed: _____

Reason for Leaving: _____

EMPLOYER: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Duties Performed: _____

Supervisor's Name: _____ Dates Employed: _____

Reason for Leaving: _____

REFERENCES (NOT FAMILY OR FRIENDS)

NAME: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to You: _____

NAME: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to You: _____

NAME: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to You: _____

IN ADDITION TO THESE REFERENCES, MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? ____ Yes ____ No

SKILLS

Please place a "1" before the skills you think you are qualified to teach or supervise;
place a "2" before the skills you think you are qualified to assist in teaching or perform without supervision;
place a "3" before the skills in which you have some experience and competence.

_____ SNOWMOBILING
_____ SNOWCAT DRIVING
_____ MECHANICAL
_____ EMERGENCY RESPONSE

_____ CLERICAL SKILLS
_____ BASIC FIRST AID / CPR
_____ RESERVATIONS OFFICE
_____ CUSTOMER SERVICE

HAVE YOU GUIDED COMMERCIALY? ____ Yes ____ No

MEDICAL HISTORY

DO YOU HAVE ANY MEDICAL OR PHYSICAL PROBLEMS WHICH MIGHT LIMIT YOUR PARTICIPATION IN STRENUOUS ACTIVITIES, OR ABOUT WHICH WE OUGHT TO KNOW?

___ Yes ___ No

If yes, please explain: _____

PERSONAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

___ Yes ___ No

If yes, please explain: _____

THIS SECTION IS VOLUNTARY

PLEASE EXPLAIN WHY YOU WANT TO WORK FOR GRAND ADVENTURES AND WHAT YOU THINK YOU CAN CONTRIBUTE TO THE COMPANY. IN ADDITION, USE THIS SECTION TO TELL US ANYTHING ELSE YOU THINK WE OUGHT TO KNOW ABOUT YOU. (Attach a second sheet if necessary.)

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: _____

DATE OF APPLICATION: ____ / ____ / ____

If appropriate, please attach to this application photocopies of the front and back of your certification cards.