

# 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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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.