GRAND & MAD ADVENTURES

EMPLOYMENT APPLICATION

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

MAILING ADDRESS:	UIDED COMMERCIALLY? Yes No ate: Zip: From: To:
City: St DATES YOU ARE AVAILABLE TO WORK: DATES DURING THIS TIME IN WHICH YOU HAVE OTHER COM EDUCATION HIGH SCHOOL: L	ate: Zip: From: To:
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	IMITMENTS:
	ocation:
COLLECT	Graduated: Yes No
COLLEGE: L	ocation:
	Graduated: Yes No
	pegree: Major:
OTHER SCHOOLING:	

CERTIFICATIONS

PLEASE LIST YOUR MEDICAL-RELATED CERTIFICATIONS.

(Annual First Aid and CPR certifications are required of all employees. If you no 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 FAMILE OR FRIENDS)		
NAME:	Phone:	
Relation to You:		
NAME:	Phone:	
Relation to You:		
NAME:	Phone:	
Relation to You:		
IN ADDITION TO THESE REFERENCES, MAY WE CONTACT YOUR PREVIOUS EMP	PLOYERS?Yes	_ No
THIS SECTION IS VOLUNTARY		
PLEASE EXPLAIN WHY YOU WANT TO WORK FOR GRAND ADVENTURES AND CONTRIBUTE TO THE COMPANY. IN ADDITION, USE THIS SECTION TO TELL US TO KNOW ABOUT YOU. (Attach a second sheet if necessary.)		
I certify that this application was completed by me, and that all entries or complete to the best of my knowledge.	n it and information in it o	are true and
SIGNATURE:		
DATE OF APPLICATION: / /		

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