

All-Outdoors Guide Employment Application

Name

Last:

First:

Middle:

Address

Present:

Summer:

Permanent:

Contact Info

1. ()

Day/ Eve/ Cell/ Voicemail

2. ()

Day/ Eve/ Cell/ Voicemail

3. ()

Day/ Eve/ Cell/ Voicemail

E-mail:

Emergency Contact:

relationship to you

General Information

Social Security #:

Birthdate:

CA Driver's License #:

- -

/ /

Tour Bus: Yes / No

Air Brakes:

Medical Cert. Expires:

Expiration:

Yes / No

Current CPR Expires:

Type of Certification:

Basic / Community / Rescuer

First Aid Expires:

Type of Certification:

Basic/Wilderness/Wilderness First Reponder/ EMT

Rescue 3 - SRT1

Other Certifications:

Yes / No

Date completed: _____

Please include copies of certifications

Years/ Seasons Commercially Guiding:

Current Occupation and Employer:

How did you hear about All Outdoors?

Why work for All Outdoors?

Please continue application on next page

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Work Schedule

What kind of work are you looking for? *Full-time / Part-time*

Which days can you work? *Sun. Mon. Tue. Wed. Thur. Fri. Sat.*

When are you available this season? *Start date:* _____ *End date:* _____

Any dates you cannot work? _____

Specific details about your availability: _____

Commercial Rafting Experience:

River: _____

Number of Trips: _____

Company: _____

Do you have experience rowing or with high water/ spring-time flow conditions?

Other Related Work or River Experience:

(Outdoor education, environmental studies, recreation industry experience, food service)

References

Name	Relationship	Contact info
1	_____	_____
2	_____	_____
3	_____	_____

I certify that the answers I have given are true and complete herein to the best of my knowledge. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant

Date

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