

## Employment Application

Applicant Information											
Full Name:					Date:						
<i>Last</i>				<i>First</i>			<i>M.I.</i>				
Permanent Address:											
<i>Street Address</i>							<i>Apartment/Unit #</i>				
<i>City</i>							<i>State</i>		<i>ZIP Code</i>		
Current Address:											
<i>Street Address</i>							<i>Apartment/Unit #</i>				
<i>City</i>							<i>State</i>		<i>ZIP Code</i>		
Phone:			E-mail Address:								
Date Available:		Social Security No.:			Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Position Applied for: <input type="checkbox"/> Instructor-In-Training <input type="checkbox"/> Instructor <input type="checkbox"/> Intern <input type="checkbox"/> Other:											
Are you a citizen of the United States?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for Northland Adventure?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you submitted a criminal background check form?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, explain:											

Education									
High School:			Address:						
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
College:			Address:						
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Other:			Address:						
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				

Skill Evaluation		
Please indicate the level of knowledge by place a "1" for participated, "2" for high skill, and "3" for have taught.		
Discipline	Skill Level	List any certifications, endorsements, or licenses
Arts & Crafts		
Backpacking		
Canoeing		
Caving / Spelunking		
Cheerleading		
Child Care		
CPR / First Aid / Medical		
Foreign / Sign Language		
Group Games		
Gymnastics		
Horseback Riding		
Music		
Office Skills		
Sailing		
Skiing		
Snow Shoeing		
Swimming / Life Guard / WSI		
Theater		
Rock Climbing		
Wilderness Survival		
Video/ Photography		
Other:		

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**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_