

EMPLOYMENT APPLICATION

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DATE OF APPLICATION: _____ / _____ / _____

NAME: _____ PHONE NUMBER: _____

POSITION APPLYING FOR: _____ EMAIL ADDRESS: _____

*IF YOU ARE APPLYING FOR A GUIDE POSITION: HAVE YOU GUIDED COMMERCIALY? ___ Yes ___ No

MAILING 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: _____

Graduated: ___ Yes ___ No

COLLEGE: _____ Location: _____

Graduated: ___ Yes ___ No

Degree: _____ Major: _____

OTHER SCHOOLING: _____

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

CERTIFICATIONS

PLEASE LIST YOUR MEDICAL-RELATED CERTIFICATIONS.

(Annual First Aid and CPR certifications are required of all employees. 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: _____

Relation to You: _____

NAME: _____ Phone: _____

Relation to You: _____

NAME: _____ Phone: _____

Relation to You: _____

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

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: ____ / ____ / ____