

# Application for Employment

## Personal Information

Name (Last, First)	Date of Birth	Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
E-mail:		Phone No.	

## Education History

	Name & Location of School	Dates Attended	Degree(s)	Activities, Offices, Clubs, Sports, etc.
High School				
College				
Other				

## Former Employers (starting with last employer first)

Laurel Highlands  
Outdoor Center  
STAFF

1) Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

## Personal References

Name	Address and Phone Number	Relationship	Years Known

## General Information

What position are you applying for? check all that apply

Customer Service Rep  Check-in Clerk  Retail Sales Clerk  Photographer  Other \_\_\_\_\_

Have you applied at Laurel Highlands River Tours before?  Yes  No

If yes, when: \_\_\_\_\_

When are you available?

For training:

For work:

Weekends from \_\_\_\_\_ to \_\_\_\_\_ Weekends from \_\_\_\_\_ to \_\_\_\_\_

Weekdays from \_\_\_\_\_ to \_\_\_\_\_ Weekdays from \_\_\_\_\_ to \_\_\_\_\_

## Skills

Please rate your abilities: 1-no experience, 2-familiar, but limited experience, 3-somewhat experienced, can perform without supervision, 4-very experienced.

Photography \_\_\_ Computer Skills \_\_\_ Host/Hostess \_\_\_ Food Prep \_\_\_ Carpentry \_\_\_  
 Office Work \_\_\_ Web Design \_\_\_ Waitstaff \_\_\_ Line Cook \_\_\_ Plumbing \_\_\_  
 Retail Sales \_\_\_ Graphic Design \_\_\_ Bar Tender \_\_\_ Chef \_\_\_ Electrical Work \_\_\_  
 Cash registers/POS systems \_\_\_ Cleaning \_\_\_ Vehicle Repair \_\_\_ Bike Repair \_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Driver's License Information (required for insurance purposes)

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ License Number: \_\_\_\_\_

## Authorization

I certify that the information contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release Laurel Highlands River Tours and Outdoor Center from all liability for any damage that may result from utilization of such information.

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