

SITKA SOUND OCEAN ADVENTURES

Date: _____

112 Toivo Circle
 Sitka, AK 99835
 www.kayaksitka.com

Cell: (907) 752-0660
 Office: (907) 966-3390
 Email: info@kayaksitka.com

Please attach a resume if available

Position Applying For:		Type of Employment Desired:	
		<input type="radio"/> Full time	<input type="radio"/> Part time
Are you available for work for the entire season?			
May through September?		YES	NO (If no, please list dates available above)
Are you at least 18 years of age?		<input type="radio"/> YES	<input type="radio"/> NO
Last Name		First Name	Middle Initial(s)
(please indicate how you wish to be addressed)			
Address (Street or P.O. Box, City, State, Zip Code)			
Social Security Number (optional)		Phone Number (home)	(Business or Messages)
Are you legally entitled to work in the United States?		YES	NO
Do you have a current driver's license? (if yes, please indicate the state of issue and the number)		YES	NO
Have you ever been convicted of a felony crime? (if yes, please explain)		YES	NO
Education			
Name of School, City and State		Degree Received	Major
Are you currently attending school?		<input type="radio"/> YES	<input type="radio"/> NO
Which foreign language do you speak fluently?		If yes, dates available: partially?	
Do you hold a current -		<input type="radio"/> CPR	<input type="radio"/> First Aid
		<input type="radio"/> WFR	<input type="radio"/> Other:
List skills such as equipment, operations, trade skills, licenses, certifications etc. Attach another sheet if necessary.			
References (please do not include relatives)			
Name		Occupation	Address and Phone Number
Whom do you know in this company?			

Employment History (list present or most recent positions first)

1. Current or most recent Employer		Address	
Type of business	Phone Number	Department	Your Position

Duties:

Name and position of Immediate Supervisor			Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary

Reason for Leaving:

2. Previous Employer		Address	
Type of business	Phone Number	Department	Your Position

Duties:

Name and position of Immediate Supervisor			Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary

Reason for Leaving:

3. Previous Employer		Address	
Type of business	Phone Number	Department	Your Position

Duties:

Name and position of Immediate Supervisor			Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary

Reason for Leaving:

May we ask your present employer for a reference? YES NO

Do you have kayaking experience not detailed above?

Please Read Carefully

I hereby certify that to the best of my knowledge and belief the answers given by me to the forgoing questions and all statements made by me in the application are correct.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for any term of employment or for the providing of any benefit.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINED PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

This application form complies with all Human Rights Legislation. This application shall be considered active for sixty (60) days.

I understand that this company promotes a drug-free working environment.

Date: _____

Signature: _____