

ZIPStream's Castaway Canopy Adventure

Application for Employment

Please print clearly.

Name: _____ SS# _____

Birthdate: _____

Current Address

Street: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Until: _____

Permanent Address

Street: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Until: _____

*E-mail address: _____

*Email is the PRIMARY avenue of communication regarding work and scheduling, so please provide an email address that you readily have access to and check at least daily.

Present Occupation: _____ If a student, what year? _____

Position for which you are applying: _____

Dates available: from _____ to _____

How did you hear about us? _____

Have you ever been convicted of any crime involving inappropriate behavior with, or the sexual abuse of a minor? _____ If so, state when and under what jurisdiction:

Have you ever been convicted of a felony? Yes No

EDUCATION
Schools Attended, Internships and/or Training Courses

Please note institution's name and address, attendance date(s), course of study, and degree(s) or certificate(s) earned, or courses attended relevant to employment at The Adventure Guild.

**RELEVANT SKILLS, and/or LEADERSHIP POSITIONS, MEMBERSHIPS,
 AFFILIATIONS, OR RECENT CONFERENCES ATTENDED**

CERTIFICATIONS

√	Course	Certification Exp. Date	√	Course	Certificatio n Exp. Date
	Community First Aid			Lifeguard Training	
	Wilderness First Aid			Small Craft Safety Instruction	
	Wilderness First Responder			CPR (ARC or Amer. Heart)	
	Water Safety Instructor			Canoe Instructor	
	EMT			SPRAT	
	Other:			Other:	

EMPLOYMENT EXPERIENCE

Please note your *relevant* work experience:

Employer's name and address: _____

Your title: _____ Dates worked: _____ to _____

Supervisor's name: _____ Telephone: _____ E-mail: _____

Hours worked/week or days worked/season: _____

Reason for leaving: _____

Employer's name and address: _____

Your title: _____ Dates worked: _____ to _____

Supervisor's name: _____ Telephone: _____ E-mail: _____

Hours worked/week or days worked/season: _____

Reason for leaving: _____

Employer's name and address: _____

Your title: _____ Dates worked: _____ to _____

Supervisor's name: _____ Telephone: _____ E-mail: _____

Hours worked/week or days worked/season: _____

Reason for leaving: _____

ACTIVITIES

For each activity, please indicate if you have *0* no interest, *1* interest, *2* solid understanding of, or *3* teaching/leadership experience in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Forest Ecology
<input type="checkbox"/> Wetland Ecology
<input type="checkbox"/> Wildlife Ecology
<input type="checkbox"/> Wildlife Tracking
<input type="checkbox"/> Geology
<input type="checkbox"/> Astronomy
<input type="checkbox"/> High Angle / Rope Rescue
<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Rigging
<input type="checkbox"/> Sports
<input type="checkbox"/> Swimming
<input type="checkbox"/> Rock Climbing – real rock
<input type="checkbox"/> Rock Climbing – artificial walls | <input type="checkbox"/> Map and Compass
<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Outdoor Cooking
<input type="checkbox"/> Low Impact Camping
<input type="checkbox"/> Native American Heritage
<input type="checkbox"/> Cross-country Skiing
<input type="checkbox"/> Snowshoeing
<input type="checkbox"/> Overnight Camping
<input type="checkbox"/> Mountain Hiking
<input type="checkbox"/> Canoeing – flat water
<input type="checkbox"/> Canoeing – white water
<input type="checkbox"/> Kayaking – flat water
<input type="checkbox"/> Kayaking – sea | <input type="checkbox"/> Experiential Teambuilding
<input type="checkbox"/> High Ropes Course
<input type="checkbox"/> Low Ropes Course
<input type="checkbox"/> Campfire Activities
<input type="checkbox"/> Song Leading
<input type="checkbox"/> Musical Instrument _____
<input type="checkbox"/> Storytelling
<input type="checkbox"/> Conservation Activities
<input type="checkbox"/> Large Group Games
<input type="checkbox"/> Leadership Training
<input type="checkbox"/> Backpacking
<input type="checkbox"/> Office Administration
<input type="checkbox"/> Other _____ |
|--|---|--|

ATTACHMENTS

Please answer these questions below or on a separate sheet of paper if more space is needed. If available, please attach a copy of your resume.

- A. Why do you want to work at ZIPStream’s Castaway Canopy Adventure (ZCCA)?
- B. How does your experience and/or academic pursuits relate to employment at ZCCA?
- C. If applicable, please make sure your resume details the skills and experience qualifying you for a position with TAG. Include dates/length of trip, type of activity, location/organization, your roles and responsibilities, and the type of group with which you worked.

REFERENCES

Please list three people unrelated to you who can judge your qualifications for employment at ZCCA; include title, the name of the organization for which they work, the organization’s address, and telephone number. If possible, please list people who have been on course with you and can speak objectively about your hard and soft skills as a facilitator.

ACKNOWLEDGEMENT

- 1. I affirm the information contained in this application is true and complete. I understand if it is not, I may be eliminated from consideration for a position at ZCCA. If, after being hired, falsehoods or omissions are discovered in my application, I understand my employment may be terminated.
- 2. I understand all statements in my application may be investigated. I authorize ZCCA to contact (with the exception of the following people: _____) anyone who might be able to speak about my ability to perform my job at ZCCA. I understand I may obtain a copy of any written information submitted by any of these sources as part of my application.
- 3. I authorize ZCCA to contact any person, school, or employer, except as specifically excluded above, for relevant information and opinions that may be useful in making a hiring decision, and I release such persons and organizations from legal liability in making such statements.
- 4. I authorize ZCCA to do a legal background check through an authorized company if they deem it important to do so for my employment.

Signature

Date