

# Katahdin Area Trails APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

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

Name: \_\_\_\_\_  
Last
First
Middle

Current Address: \_\_\_\_\_  
Street
City
State
zip

Permanent Address: \_\_\_\_\_  
Street
City
State
Zip

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you a U.S. citizen?  Yes  No If not, type of Visa \_\_\_\_\_ Date Issued \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now?  Yes  No If so may we inquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you available Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Weekends? \_\_\_\_\_

Referred By: \_\_\_\_\_

Education	Name/Location of School	# of years attended	Did you graduate?	Subjects Studied
High School				
Secondary Education				
Other				

**GENERAL INFORMATION:** Fill out the following if applicable:

A valid Driver's License? \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

First aid Certification? \_\_\_\_\_ Type \_\_\_\_\_ Date \_\_\_\_\_

CPR Certification? \_\_\_\_\_ Type \_\_\_\_\_ Date \_\_\_\_\_

Do you currently hold a Maine Guides License? \_\_\_\_\_

Fishing/Hunting/Whitewater/Recreational/General? \_\_\_\_\_

Any restrictions? \_\_\_\_\_ Exp Date \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (Civic, Athletic, etc.): \_\_\_\_\_

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)

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U.S. Military or Naval Service: \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Dates	Employer/Company	Position	Supervisor	Reason for Leaving
From To				
From To				
From To				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**WORK REFERENCES:** Give the names and contact information of two former employers

Name	Company	Phone Number
1.		
2.		

**Personal REFERENCES:** Give the names of two persons not related to you, whom you have known at least one year.

Name	Address	Phone Number
1.		
2.		

In case of emergency notify:

1. \_\_\_\_\_  
           Name    Address    Phone #

2. \_\_\_\_\_  
           Name    Address    Phone #

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected; and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

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