## Pocono Whitewater and Skirmish USA Employee Application

**INSTRUCTIONS:** Please complete this application by answering ALL questions.

Questions that do not apply, please answer NA.

Applications can be downloaded and emailed back to <a href="https://example.com">https://example.com</a>; copied and faxed to: 570.325.4097; Or mailed to: Pocono Whitewater/Skirmish USA, 1519 State Route 903, Jim Thorpe, PA 18229 For questions or more information call: 570.732.1999

Today's Date:	Birth Dat	te:	SS#				
Name:							
			State: Zip C	Code:			
E-mail:			Home Phone ()	)			
Cell Phone ()_		Emergency Phone ()					
Emergency Name_		Relation	on				
Valid Driver's Lice	ense? YesNoS	State#	Passenger Endorseme	DL Yes No           nt Yes No			
Are you still attend Do you have the re Did we ever emplo Have you ever wor Have you ever wor How did you hear a TYPE OF WORK IN WHAT AREA: Skirmish Support_ Raft Truck Crew:	ing high school? quired working papers? _ y you? If so, w ked for a River Rafting C ked in the Paintball Indus about the position you are  DESIRED: Full Time: Reservations: Raf Maintenance: Grounds Crew_	(Needed when?	No(If so, verification on or before the first day of verification on or before the first day of verification or befor	vork)  ds: Skirmish Judge: Biking:			
How will you get to Days Available (Ci Hours Available: _ If there is a day or Have you ever been	o work? rcle) M T W Th F Sa	nt Sun tely unavailable,	rirmish?, please indicate here:				
EDUCATION chool	Name & Address	Years Comple	eted Did you Graduate?	Degree & Field			
Elementary High School College Other			,				

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, Special accomplishments & acquired skills:						
MILITARY SERVIO	CE RECORD –					
Were you in the U.S. Armed Forces? Yes No  Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes No  If yes, explain						
EMPLOYMENT HI	STORY:					
Employer & Address	3:					
Supervisor:			Phone:			
Position Title:		from:	to:			
Describe the work yo	ou did:					
Salary:	Reason for leaving:					
Supervisor:			Phone:			
Position Title:		from:	to:			
Describe the work yo	ou did:					
Salary:	Reason for leaving:					
Employer & Address	3:					
Supervisor:			Phone:			
Position Title:		from:	To:			
Describe the work yo	ou did:					
Salary:	Reason for leaving:					

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I HEREBY GIVE PERMISSIC Prior Work Experience. Yes: _		OYERS LISTED ABOVE CONCERNING MY
If you do not want us to contact	t your present employer, please	indicate here:
statement on this application m contract of employment. Furthed decides to employ me. You are credit record through any inves	ay result in my dismissal. I also ermore, this application does no hereby authorized to make any tigative agencies, credit agencie est within a reasonable period of	and complete. I understand that if employed, any false ounderstand that this application is not intended to be a tobligate the employer in any way if the employer investigation of my personal history and financial and es, or bureaus of your choice. I understand that I have of time to receive additional, detailed information hade.
Personal References: (Not form	ner employers or relative) 2 or 3	
Name & Occupation	Address	Phone number