



Applicant

| | | | | | | | | | | | | | |
|--------------------|--|--|--|------------|--|------------|--|------|--|-------|--|-------|--|
| LAST NAME | | | | FIRST NAME | | | | M.I. | | SS# | | | |
| CURRENT ADDRESS | | | | | | CITY | | | | STATE | | ZIP | |
| PERMANENT ADDRESS | | | | | | CITY | | | | STATE | | ZIP | |
| CURRENT HOME PHONE | | | | | | WORK PHONE | | | | CELL | | | |
| DATES AVAILABLE | | | | | | TO | | | | | | EMAIL | |

Dates must be completed in order to process your application

Are you a U.S. citizen or authorized to work in the U.S. without sponsorship? Yes No

Do you have a valid driver's license? Yes No

Are you 18 years of age or older? Yes No

If not, will you be 18 before your first date available? Yes No

Education

| | | | | |
|-----------------------|------|-------|----------------|-------|
| HIGH SCHOOL | CITY | STATE | DIPLOMA/DEGREE | MAJOR |
| COLLEGE | CITY | STATE | DIPLOMA/DEGREE | MAJOR |
| OTHER TRAINING/SKILLS | | | | |

Employment history

List most recent first

| | | | | | | | | | | |
|--------------------|------------|---------------------|--------------------|--|--|--|----|--|--|--|
| EMPLOYER | LOCATION | DATES OF EMPLOYMENT | | | | | TO | | | |
| JOB TITLE | SUPERVISOR | | SUPERVISOR'S PHONE | | | | | | | |
| REASON FOR LEAVING | | | | | | | | | | |
| EMPLOYER | LOCATION | DATES OF EMPLOYMENT | | | | | TO | | | |
| JOB TITLE | SUPERVISOR | | SUPERVISOR'S PHONE | | | | | | | |
| REASON FOR LEAVING | | | | | | | | | | |

Explain any breaks in employment of more than 3 months:

References

please list 3 professional references

| | | |
|------|---------------------------|-----------|
| NAME | PROFESSIONAL RELATIONSHIP | PHONE () |
| NAME | PROFESSIONAL RELATIONSHIP | PHONE () |
| NAME | PROFESSIONAL RELATIONSHIP | PHONE () |

Have you ever been convicted of a felony? **Yes / No**

Have you had any motor vehicle violations? **Yes / No**

If yes for either question, please explain: _____

How did you first hear about employment opportunities at Zoar Outdoor? (Check one)

- Advertisement – Location: _____
- Walk-in
- Employee referral – Name: _____
- Word of mouth
- Internet – website: _____
- Other: _____

Positions applied for

| | | | |
|------------------------|---------------------------------|---------------------------------------|---------------------------------|
| 1 st CHOICE | <input type="checkbox"/> Expert | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Novice |
| 2 nd CHOICE | <input type="checkbox"/> Expert | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Novice |
| 3 rd CHOICE | <input type="checkbox"/> Expert | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Novice |

Guest Services

- Raft guide *
- Zip line canopy tour driver
- Zip line canopy tour guide
- Retail assistant *
- Kayak instructor*
- Reservationist
- Canoe instructor*
- Climbing instructor*

Support Services

- Housekeeper
- Facilities cleaner
- Food Services
- Food prep/packer
- Barbecue cook

* If you are applying for guide, instructor or retail position, please detail your boating experience. List time spent rafting, canoeing, or kayaking and any relevant certifications. (For example ACA Instructor Certification)

We promote teamwork and embrace change within our community.
Describe how you would contribute to this work environment at Zoar Outdoor:

Our guests fill out evaluation cards rating the service they received at Zoar Outdoor. If you were employed at Zoar Outdoor, what would a guest write to summarize their experience with you?

Applicant Agreement

I certify that the information provided on this application is accurate and true. I understand that misrepresentation of facts will be due cause for termination. I authorize Zoar Outdoor Adventure Resort, Inc. to verify the information provided herein and to contact previous employers and individuals for references. I agree not to take any legal action against any former employers who respond to such inquires by Zoar Outdoor Adventure Resort, Inc.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

Please return application to:

Zoar Outdoor
P.O. Box 245
7 Main St.
Charlemont, MA 01339
info@zoaroutdoor.com
www.zoaroutdoor.com
Phone 413 339-4288 Fax 413 337-8436

Zoar Outdoor is an Equal Opportunity Employer