

Adventure Bound River Expeditions, Inc.

Application for Employment

Equal Opportunity Employer

DATE: _____

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENCE NUMBER: _____ STATE: _____
(Attach Copy) _____

PRESENT ADDRESS: _____

(ZIP) _____

PERMANENT ADDRESS: _____

(ZIP) _____

PHONE NUMBER: (_____) _____ MESSAGE PHONE: (_____) _____

E-MAIL: _____

POSITION DESIRED: _____ SALARY DESIRED: _____

DATE YOU CAN START: _____ DATE YOU INTEND TO LEAVE AT END OF SEASON: _____

ARE YOU CURRENTLY EMPLOYED? _____

IF YOU ARE CURRENTLY EMPLOYED MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO ADVENTURE BOUND BEFORE? _____ IF SO, WHEN? _____

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL

YEARS
ATTENDED

DID YOU
GRADUATE?

SUBJECTS
STUDIED

EMPLOYMENT HISTORY LIST MOST RECENT EMPLOYMENT FIRST

NAME & ADDRESS OF EMPLOYER: _____

CONTACT PERSON: _____ PHONE: (_____) _____ - _____

POSITION HELD: _____ SALARY: _____

DATES EMPLOYED: (FROM) _____ (TO) _____

REASON FOR LEAVING: _____

NAME & ADDRESS OF EMPLOYER: _____

CONTACT PERSON: _____ PHONE: (_____) _____ - _____

POSITION HELD: _____ SALARY: _____

DATES EMPLOYED: (FROM) _____ (TO) _____

REASON FOR LEAVING: _____

NAME & ADDRESS OF EMPLOYER: _____

CONTACT PERSON: _____ PHONE: (_____) _____ - _____

POSITION HELD: _____ SALARY: _____

DATES EMPLOYED: (FROM) _____ (TO) _____

REASON FOR LEAVING: _____

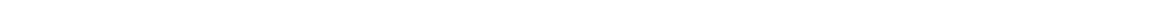
NAME & ADDRESS OF EMPLOYER: _____

CONTACT PERSON: _____ PHONE: (_____) _____ - _____

POSITION HELD: _____ SALARY: _____

DATES EMPLOYED: (FROM) _____ (TO) _____

REASON FOR LEAVING: _____



REFERENCES

Give the names and contact information of three persons not related to you

NAME: _____ CONTACT PHONE: (_____) _____ - _____

YEARS KNOWN: _____ RELATIONSHIP: _____

NAME: _____ CONTACT PHONE: (_____) _____ - _____

YEARS KNOWN: _____ RELATIONSHIP: _____

NAME: _____ CONTACT PHONE: (_____) _____ - _____

YEARS KNOWN: _____ RELATIONSHIP: _____

GENERAL INFORMATION

List subjects of special study, research work, special training or skills including first-aid training. If you are taking courses this spring we suggest you list them and the date training will be completed.

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Adventure Bound Inc. from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Adventure Bound Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Adventure Bound Inc. representative.”

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

X _____ DATE: _____

MAIL APPLICATION TO:

**ADVENTURE BOUND, INC.
2392 H ROAD
GRAND JUNCTION, CO 81505**