



# APPLICATION FOR EMPLOYMENT

Denali  
Zipline Tours  
Talkeetna, Alaska

Stoney Creek  
Canopy Adventures  
Seward, Alaska



## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION (Select all that apply)

<b>Position Or Type Of Employment Desired</b> <input type="checkbox"/> Zipline Guide <input type="checkbox"/> Office Staff <input type="checkbox"/> Driver <input type="checkbox"/> Other _____	<b>Dates Available to Work</b> Start ___ / ___ / ___ End ___ / ___ / ___	<b>Will Accept</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<b>Location</b> <input type="checkbox"/> Talkeetna - DZT <input type="checkbox"/> Seward - SCCA
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## PERSONAL INTRODUCTION

Write a brief personal introduction and why you are interested in joining our team (Maximum 1000 characters)

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed \_\_\_\_\_

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
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Languages Read, Written or Spoken Fluently Other Than English

**SPECIAL SKILLS (List all pertinent skills that apply)**

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_