



APPLICATION FOR EMPLOYMENT

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)

Position Or Type Of Employment Desired <input type="checkbox"/> Zipline Guide <input type="checkbox"/> Office Staff <input type="checkbox"/> Driver <input type="checkbox"/> Other _____	Dates Available to Work Start _____ End _____	Will Accept <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Location <input type="checkbox"/> Talkeetna - DZT
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____			<input type="checkbox"/> Yes		
	To _____			<input type="checkbox"/> No		
	From _____			<input type="checkbox"/> Yes		
	To _____			<input type="checkbox"/> No		
	From _____			<input type="checkbox"/> Yes		
	To _____			<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)

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WORK EXPERIENCE (Most Recent First) At least one must be filled out to be considered for employment.

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		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address		
Job Title	Number Employees Supervised	To (Month/Year)
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		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY & SELF-DISCLOSURE

(Required for all positions – Answer honestly. A “Yes” answer does not automatically disqualify you.)

1. Have you ever been convicted of, or pleaded guilty/no contest to, any misdemeanor or felony?

Yes No

2. Do you currently have any criminal charges pending against you?

Yes No

3. Have you ever been the subject of a substantiated finding of child abuse, neglect, or abuse/neglect/exploitation of a vulnerable adult?

Yes No

If you answered “Yes” to any question, please explain. (include date, charge/offense, location, and outcome).

I understand that providing false information or omitting information on this form may result in rejection of my application or termination if hired.

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 _____