



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	(Home) Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
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 <input type="checkbox"/> _____
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 _____ 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
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English						

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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)
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		Supervisor
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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_____