

Pocono Whitewater/Biking and Skirmish Paintball Employee Application

Download and either email back to hr@poconowhitewater.com, fax to 570-325-4097, or mail to Pocono Whitewater/Skirmish Paintball, 1519 State Route 903, Jim Thorpe, PA, 18229 | Questions/Comments: 570-732-1999

GENERAL INFO:

Today's Date: _____ Birth Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home Phone (____) _____

Cell Phone (____) _____ Emergency Phone (____) _____

Emergency Name _____ Relation _____

Valid Driver's License? Yes _____ No _____ State _____ # _____ CDL Yes _____ No _____
Passenger Endorsement Yes _____ No _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____

Are you still attending high school? _____

If yes, do you have the required working papers? _____ (Needed on or before the first day of work)

Did we ever employ you? _____ If so, when? _____

Have you ever worked for a River Rafting Company? _____ If so, where? _____

Have you ever worked in the Paintball Industry? _____ If so, where? _____

How did you hear about the position you are applying for? Be specific! _____

TYPE OF WORK DESIRED: Full Time: _____ Part Time: _____ Both: _____ Weekends: _____

IN WHAT AREA: (Please rank, 1 being most desired) Reservations: _____ Rafting Guide: _____ CDL Bus Driver: _____

Skirmish Referee: _____ Skirmish Support _____ Maintenance: _____ Retail Sales: _____ Van/Truck Driver: _____

Biking: _____ Raft Truck Crew: _____ Grounds Crew _____ Food Service: _____ Other: _____

Why do you feel you qualify for this/these jobs? _____

Do you know anyone who works for Pocono Whitewater/Skirmish? _____

How will you get to work? _____

Days Available M T W Th F Sat Sun

Hours Available: _____

If there is a day or time when you are definitely unavailable, please indicate here: _____

Have you ever been convicted of a crime? _____ If so, describe in full: _____

EDUCATION:

School	Name & Address	Years Completed	Did you Graduate?	Degree & Field
High School				
College				
Other				

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards,

Special accomplishments & acquired skills: _____

Were you in the U.S. Armed Forces? Yes _____ No _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes _____ No _____

If yes, explain _____

EMPLOYMENT HISTORY: (If your resume is attached, you do not need to fill out the Employment History section below.)

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ To: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY PRIOR WORK EXPERIENCE: Yes: _____ No: _____

If you do not want us to contact your present employer, please indicate here: _____

PERSONAL REFERENCES: No Relatives. Please include at least 2.

Name & Relationship	E-mail	Phone number

IMPORTANT: The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand that this application is not intended to be a contract of employment. Furthermore, this application does not obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative agencies, credit agencies, or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

Signature: _____ Date: _____