

EMPLOYMENT APPLICATION

For the Position of _____



Lasting Adventures
Yosemite Summer Camps and Guide Services
P.O. Box 1078
Groveland CA 95321
www.LastingAdventures.com

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell/Pager _____

REFERRAL SOURCE: Please Check One

Newspaper	<input type="checkbox"/>	Name:	LA Employee	<input type="checkbox"/>	Name:
Trade Publication	<input type="checkbox"/>	Name:	Friend	<input type="checkbox"/>	Name:
Internet	<input type="checkbox"/>	Name:	Other	<input type="checkbox"/>	

PERSONAL INFORMATION

	YES	NO
Are you over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under the age of 18, can you furnish a work permit?	<input type="checkbox"/>	<input type="checkbox"/>
If hired, can you provide valid authorization of your U.S. citizenship or proof of your legal right to live and work in this country?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offense (felony or serious misdemeanor, i.e. theft, DUI, domestic violence, etc.)? (No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.) If "Yes" please explain:	<input type="checkbox"/>	<input type="checkbox"/>
If hired, would you have reliable means of transportation to and from work?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be available to work irregular hours,(i.e. overnight, on weekends) if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? If no, describe the functions that cannot be performed: (NOTE: We comply with the ADA and consider the reasonable accommodation measures that may be necessary for eligible employees to perform essential functions. Hire may be subject to passing skill and agility tests.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any friends or relatives working for Lasting Adventures? If yes, list name(s) and relatives:	<input type="checkbox"/>	<input type="checkbox"/>



EDUCATION

School	Location	Units Completed	Major	Minor	Degree/Diploma

Applicant Name: _____

CERTIFICATIONS/LICENSES

Name of Certificate/License	Issuing State	Certification/License Number

WORK HISTORY: Starting with your present or most recent job, list all relevant work experience and periods of unemployment. If additional space is needed, attach additional sheets. **APPLICANTS MUST FILL OUT THIS SECTION EVEN IF ATTACHING A RESUME.** (If discharged from the military, please only list if you were adjudicatively discharged under “reason for leaving.”)

Employer		From	To	Phone
Address		Supervisor		
Job Title		Starting Salary		Current Salary
Duties/Responsibilities				
Reason for Leaving or Why Looking				
May we contact this employer for a reference?				

Employer		From	To	Phone
Address		Supervisor		
Job Title		Starting Salary		Current Salary
Duties/Responsibilities				
Reason for Leaving				
May we contact this employer for a reference?				

Employer		From	To	Phone
Address		Supervisor		
Job Title		Starting Salary		Current Salary
Duties/Responsibilities				
Reason for Leaving				
May we contact this employer for a reference?				



Employer		From	To	Phone
Address		Supervisor		
Job Title		Starting Salary		Current Salary
Duties/Responsibilities				
Reason for Leaving				
May we contact this employer for a reference?				

Applicant Name: _____

PROFESSIONAL REFERENCES: List below persons not related to you who have knowledge of your work performance and work history. (Preferably supervisors)

Name		Title		
Address		City	State	Zip
Professional Relationship		Phone		

Name		Title		
Address		City	State	Zip
Professional Relationship		Phone		

Name		Title		
Address		City	State	Zip
Professional Relationship		Phone		

Name		Title		
Address		City	State	Zip
Professional Relationship		Phone		

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

(Initials)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejections of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.



(Initials) I hereby authorize Lasting Adventures, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Lasting Adventures my former employers and all other persons, corporations, partnerships and associations from and all claims, demands or liabilities arising from of or in any way related to such investigation or disclosure.

(Initials) I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for not definite or determinable period and may be terminated at an time, with or without prior notice, at the options of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Date

_____ Applicant's Signature