NEW ENGLAND OUTDOOR CENTER APPLICATION FOR EMPLOYMENT

Date:					
Your Name:			Social Security #:		
Last	First	Middle	•		
Present Address:					
	Street	City	State	zip	
Previous Address:					
Phone #:	Street	City Email Address:	State	Zip	
Are you 18 years or o	lder?Yes	_No			
Are you a U.S. citizen?	YesNo If no	ot, type of Visa	Date Issued		
EMPLOYMENT DE	SIRED	Data you			
Position:		Date you can start:	Sala	Salary Desired:	
Are you employed nov	w?YesNo		we inquire present employer?		
Ever applied to this company before?		Where?	Where?		
Are you available Full-1	time?	Part-time?	Weekends?		
Referred By:					
Education	Name/Location of Schoo	# of years attended	Did you graduate?	Subjects Studied	
High School					
Secondary Education					
GENERAL INFORM	1ATION				
A valid Driver's License?		State		Class	
First aid Certification?		Туре		Date	
CPR Certification?		Туре		Date	
	a Maine Guides License?				
Fishing/Hunting/White	water/Recreational/General? _				
Any restrictions?			Exp Date	· · · · · · · · · · · · · · · · · · ·	
Special Skills:					

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Activities (Civic, Athle (Exclude organization origin of its members	s, the name of w	hich indicat	es the race, creed,	sex, age, marita	l status, co	olor or nation of				
U.S. Military or Naval	U.S. Military or Naval Service: Rank:									
Present membership i	in National Guar	d or Reserv	ves:							
Dates	Dates Employer/Co		· · · · · · · · · · · · · · · · · · ·		risor Name & Reason for Leaving					
From To	Employer/Co	Прапу	1 0310011	Jonati		Reason for Ecaving				
From To										
From To										
From To										
Which of these jobs of	lid vou like best									
What did you like mo										
REFERENCES: Give										
Name		Address			Phone Number					
1.										
2.										
3.										
In case of emergency I.	notify:									
Name 2.		Address		Phone #						
Name	Name Ad		ress Phone #		ne #					
"I certify that all the in any false information, employed, my employ conform to the comp terminated with or walso understand and a cause, and with or with other than its Preside any agreement for emforegoing."	omissions, or may be te cany's rules and rithout cause, and gree that the testhout notice, at and then only	isrepresentarminated at egulations, and with or with on and con any time by when in w	ations are discovered any time. In considerand I agree that my thout notice, at any ditions of my employer the company. I underiting and signed by	ed, my application of my enderation of my enderation of my enderation of my enderation of the President, letter the President, letteration of the President of the Pr	on may be employme and comper my or the changed, o company has any au	e rejected; and if I am nt, I agree to nsation can be e company's option. I with or without y representative, uthority to enter into				
Signature:			Date:							
	D		gland Outdoor C							

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

207-723-7238 800-766-7238