NEW ENGLAND OUTDOOR CENTER APPLICATION FOR EMPLOYMENT

PERSONAL INFORM		Date:			
Name:					
Last	First		Middle		
Current Address:					
	Street	City	State	zip	
Permanent Address: _					
	Street	City	State	Zip	
Phone #:	E	Email Address: _			
Are you 18 years or ol	der?Yes	No	Last four Digits	s of SS#	
Are you a U.S. citizen	?YesNo If	not, type of Visa	a	Date Issued	
EMPLOYMENT DESI		Data you			
Position:	Date osition: can s			te you n start: Salary Desired:	
	v?YesNo	o of your		yer? When?	
	imparty botoro:				
Are vou available Full-	-time?	Part-time?		Weekends?	
Referred By:					
	I				
Education	Name/Location of Schoo	# of years attended	Did you graduate?	Subjects Studied	
High School					
Secondary Education					
Other					
	TION: Fill out the following				
A valid Driver's License?				Class	
First aid Certification?				Date	
CPR Certification?			• •		
Do you currently hold	a Maine Guides License? _				
	water/Recreational/General				
Any restrictions?			Exp Da	ate	
Special Skills:					

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Activities (Civic, A (Exclude organiza origin of its memb	thletic, etc.): tions, the name of which indi ers)	cates the race, cre	ed, sex, age, marital s	status, color or nation o	
J.S. Military or Na	ıval Service:	Rank			
Present members	hip in National Guard or Res	erves:			
	ЕМЕ	PLOYMENT EXPE	RIENCE		
Dates	Employer/Company	Position	Supervisor	Reason for Leaving	
From To					
From To					
From To					
	NCES: Give the names and				
1. Na	me	Company		Phone Number	
2.					
Personal REFER	RENCES: Give the names of	two persons not re	elated to you, whom yo	ou have known at	
Na	me	Address		Phone Number	
1.					
2.					
n case of emerge	ncy notify:				
Name	Addre	SS	Phon	e #	
 Name	Addre		Phon		

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected; and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with

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or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Signature:	Date:

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.