

Adventure 212°, LLC Application for Employment

Personal Information

Date: _____

Name (Last, First, Middle):	Email Address:
Current Address (Street, City, State, Zip):	Referred By:
Permanent Address (if different):	Home Phone: ()
Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?	Other Phone: ()

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a crime, excluding misdemeanors? Yes No If yes, explain in full *(please note that a conviction of a crime is not an automatic bar to employment)* _____

Are you 18 years of age or older? Yes No *(If no, you may be required to provide authorization to work.)*

Have you ever worked for Adventure 212° before? Yes No If yes, when? _____

Do you know any one that is or was an employee here? Yes No If so, who? _____

Desired Employment

Which Departments are you interested in working for? (Check all that apply) <input type="checkbox"/> Building Service <input type="checkbox"/> Administrative <input type="checkbox"/> Bistro <input type="checkbox"/> On-Site Child Care <input type="checkbox"/> Front Desk <input type="checkbox"/> Sales <input type="checkbox"/> Spa <input type="checkbox"/> Adult Fitness <input type="checkbox"/> Youth Fitness <input type="checkbox"/> Other: _____	What specific position(s) are you interested in? When can you start working?	How many hours a week do you want to work? _____ When are you available to work?: 1 Days: _____ 2 Hours: _____ 3 What is your preferred schedule? <input type="checkbox"/> Days <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Late Evenings <input type="checkbox"/> Weekends <i>All positions may require occasional weekend shifts</i>
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Why do you want to work for Adventure 212°? Why should we hire you? What can you offer that would assist Adventure 212° in accomplishing its missions and goals?

Certificates, Trainings and Activities

List the special certifications (CPR, First Aide, ACSM, Lifeguard, etc.) that you have received to qualify you for the position(s) you are applying for. Also include specific training that you have attended that may be applicable.

Education	Name and Location	Graduated	Major? Specialty? No. of years?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No	

