



# Chilkat Guides Application for Employment

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT:

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMPLOYMENT POSITION (S) INTERESTED IN: (CIRCLE)

Catering      Bus Driver      Office      Maintenance      Warehouse

EMPLOYMENT LOCATION INTERESTED IN: (CIRCLE)

Catering      Haines      Glacier Point (remote)      Skagway

ARE YOU INTERESTED IN FULL TIME OR PART TIME WORK? \_\_\_\_\_

WHAT DATES ARE YOU AVAILABLE TO WORK? \_\_\_\_\_

(Our season is May through September. Guide applicants must be available for training in mid April and for work through September)

## WORK EXPERIENCE

NAME OF EMPLOYER \_\_\_\_\_

PHONE OF EMPLOYER \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

PHONE OF EMPLOYER \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

PHONE OF EMPLOYER \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EDUCATION: \_\_\_\_\_

TOTAL # OF YEARS LICENSED TO DRIVE \_\_\_\_\_

STATE WHERE CURRENTLY LICENSED \_\_\_\_\_

PAST DRIVING RECORD \_\_\_\_\_ (Approx. date of accidents or tickets in the past 5 years. This information is required by our insurance carrier)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

**CERTIFICATIONS RECEIVED (With Date of Expiration)**

FIRST AID \_\_\_\_\_ CPR \_\_\_\_\_  
EMERGENCY MEDICAL TECHNICIAN \_\_\_\_\_ EMERGENCY TRAUMA TRAINING \_\_\_\_\_  
SWIFT WATER RESCUE \_\_\_\_\_ COMMERCIAL DRIVERS LICENSE \_\_\_\_\_  
SWIMMING/LIFESAVING SKILLS \_\_\_\_\_ OTHER \_\_\_\_\_  
RIVER RAFTING SKILLS \_\_\_\_\_

**PERSONAL REFERENCES**

- 1) NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
POSITION/RELATION \_\_\_\_\_  
TIME ASSOCIATED \_\_\_\_\_
  
- 2) NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
POSITION/RELATION \_\_\_\_\_  
TIME ASSOCIATED \_\_\_\_\_
  
- 3) NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
POSITION/RELATION \_\_\_\_\_  
TIME ASSOCIATED \_\_\_\_\_

**PERSONAL STATEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION:**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF INFORMATION REQUESTED IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT CAUSE AND WITHOUT ANY PREVIOUS NOTICE.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_