Application for Tour Guide/Outdoor Attraction Guide

Moaning Caverns Adventure Park

PLEASE PRINT

Application Date_____Date you can start_____ e-mail:_____

Full Name: _____/_____/_____
first middle last

Mailing Address_____City_____Zip_____

Physical Address_____City_____Zip_____

Phone #_____ Cell #_____

Position(s) applied for_____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?_____

Are you available to work weekends and holidays?_____

Have you worked for us before?_____ If yes, when?_____

Do you have any friends or relatives working for Moaning Caverns Adventure Park? ❍Yes ❍No

If yes, state name(s) and relationship(s):

_____ _____
name relationship

_____ _____
name relationship

If hired, would you have a reliable means of transportation to and from work?_____

Do you have any limitation on your ability to perform the duties of the job for which you are applying?_____

If yes, describe the condition and the nature of your work limitation(s)_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you at least 18 years old? ❍Yes ❍No Are you a high school graduate? ❍Yes ❍No

How much, if any, post-high school education do you have?_____

Major field(s) of study_____

What foreign languages do you speak fluently?_____

Do you have any background in any of the following:

❍Public Speaking or Drama ❍Geology ❍Rock Climbing ❍Search & Rescue_____

❍First Aid-*currently certified till* _____ ❍CPR-*currently certified till* _____ Sciences **:**_____

What other skills/qualities do you have?_____

_____

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

DATES OF EMPLOYMENT		Employer/Company name, address & phone #
From	To	
/ /	/ /	
		Name of supervisor:
POSITION(S)		Duties performed:
		Reason for leaving:
		May we contact this employer for a reference? ❍Yes ❍No

DATES OF EMPLOYMENT		Employer/Company name, address & phone #
From	To	
/ /	/ /	
		Name of supervisor:
POSITION(S)		Duties performed:
		Reason for leaving:
		May we contact this employer for a reference? ❍Yes ❍No

DATES OF EMPLOYMENT		Employer/Company name, address & phone #
From	To	
/ /	/ /	
		Name of supervisor:
POSITION(S)		Duties performed:
		Reason for leaving:
		May we contact this employer for a reference? ❍Yes ❍No

PERSONAL REFERENCES: (List 3 non-relatives whom you have known for at least one year)

NAME	ADDRESS	TELEPHONE #

Please read carefully, initial each paragraph and sign below

_____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 rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____I hereby authorize Moaning Caverns Adventure Park (MCAP) 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 MCAP 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 MCAP, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____I understand that nothing contained in the 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 MCAP. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or MCAP, and that no promises or representations contrary to the foregoing are binding on SNRC unless made in writing and signed by me and MCAP's designated representative.

_____Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by MCAP, I am entitled to copies of any such public records obtained by MCAP unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

Moaning Caverns Adventure Park is a drug- and alcohol-free workplace. I understand that employment with Moaning Caverns Adventure Park may be contingent upon successful results of a pre-employment drug screening. I certify all statements to be true and correct, and authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

_____ _____

Signature of Applicant Date

Return to: Moaning Caverns Adventure Park, PO Box 248, Vallecito, CA 95251~
fax (209) 736-4191~ ~manager@moaningcaverns.com~

RRRRRRRRRRRRRRR **DO NOT WRITE BELOW THIS LINE** RRRRRRRRRRRRRRR

Interview Date_____Interviewer_____

Remarks_____

_____

Starting Date_____Salary_____Company Property Issued_____