

ADVENTURE CENTER OF ASHEVILLE OFFICE APPLICATION

LAST NAME _____	FIRST NAME _____	NICK NAME _____
CURRENT ADDRESS _____		
CITY _____	STATE _____	ZIP _____ TELEPHONE _____
OTHER ADDRESS _____		
CITY _____	STATE _____	ZIP _____ TELEPHONE _____
EMAIL _____	CELL PHONE _____	
BIRTHDATE (Optional) _____	HEIGHT (Optional) _____	WEIGHT (Optional) _____

D STATE _____ NUMBER _____ TYPE _____

ARE YOU A US CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EDUCATION: (Current status)

SCHOOL _____	CITY _____	STATE _____
CLASS _____	MAJOR _____	ADVISOR _____ TELEPHONE _____
SCHOOL ACTIVITIES _____		

JOB EXPERIENCE: (Listing most recent first)

EMPLOYER _____	DATES EMPLOYED _____ -- _____
JOB TITLE _____	RESPONSIBILITIES _____

SUPERVISOR _____	PHONE # _____
REASON FOR LEAVING _____	MAY WE CONTACT EMPLOYER? _____

EMPLOYER _____	DATES EMPLOYED _____ -- _____
JOB TITLE _____	RESPONSIBILITIES _____

SUPERVISOR _____	PHONE # _____
REASON FOR LEAVING _____	MAY WE CONTACT EMPLOYER? _____

LIST ADDITIONAL JOB EXPERIENCE OR PROFESSIONAL REFERENCES:

1. NAME _____	PHONE # _____	Relationship _____
Comments: _____		

2. NAME _____	PHONE # _____	Relationship _____
Comments: _____		

2. NAME _____	PHONE # _____	Relationship _____
Comments: _____		

PLEASE RATE YOUR SKILLS OR EXPERIENCE IN THE FOLLOWING AREAS: (0 = no skill, 5 = great skill)

	0	1	2	3	4	5
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE CATEGORIES THAT YOU HAVE HIGHER SKILLS, IDENTIFY WHAT THOSE SKILLS ARE: _____

PERSONAL INTERESTS AND ACTIVITIES: _____

PROVIDE AN EXAMPLE OF WHEN YOU WORKED WELL ON/WITH A TEAM (Attach additional page if necessary)

BASED UPON YOUR BACKGROUND AND EXPERIENCES, WHAT CONTRIBUTIONS WOULD YOU EXPECT TO MAKE TO ASHEVILLE TREETOPS ADVENTURE PARK? (Include any previous experience working with people, etc. Attach additional page if necessary)

WHAT TYPE OF WORK ARE YOU LOOKING FOR? Full Time Part Time Seasonal

ARE YOU WILLING/ABLE TO WORK WEEKENDS AND HOLIDAYS? Yes No

ARE YOU WILLING/ABLE TO WORK LONG SHIFTS (8-10 HOURS)? Yes No

AVAILABLE TO WORK: START (DATE): _____ **UNTIL (DATE):** _____

HOW DID YOU HEAR ABOUT US? _____

APPLICANT'S AGREEMENT: I understand that any incomplete, misleading or false information stated above may result in immediate dismissal by Asheville Zipline Canopy Adventures. I agree to abide by the employment policies and procedures of Asheville Zipline Canopy Adventures and understand that I may be terminated at any time. I realize that the work schedule demands flexibility and commitment upon my accepting employment. I also understand that post-accident drug/alcohol testing is required when filing a workman's compensation claim. I authorize Asheville Zipline Canopy Adventures to contact any employment or personal references listed in the above application.

SIGNED: _____

DATE: _____

PLEASE SUBMIT RESUME WITH APPLICATION

Mail or Email application to:

Adventure Center of Asheville

1 Resort Drive

Asheville, NC 28806

Email: info@adventurecenterofasheville.com

(828)225-2921