

ADVENTURE CENTER OF ASHEVILLE EMPLOYMENT 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) _____

APPLYING FOR: ZIPLINE CANOPY GUIDE ADVENTURE PARK RANGER KOLO BIKE STAFF

DO YOU HAVE A CURRENT FIRST AID CERTIFICATION? Yes No Type _____ Exp. Date _____

CURRENT CPR? Yes No Type _____ Exp. Date _____

OTHER CERTIFICATIONS: _____

HAVE YOU HAD ANY FORMAL TRAINING IN THE AREA YOU ARE APPLYING FOR? Yes No

IF SO, WHAT TYPE OF TRAINING AND WHEN? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No
_____ 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: (Zero=no skill Five=great skill, you know everything)

	0	1	2	3	4	5
Zip Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropes Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive Knowledge *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping/Carpentry	<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"/>
Bicycle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle(Trail) Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Interpretive knowledge refers to skills in plant, wildlife, geology, history, etc.)

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 interpretive knowledge*, 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

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