

KOLO BIKE PARK APPLICATION FOR EMPLOYMENT

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) _____

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:		

1. NAME _____	PHONE # _____	Relationship _____
Comments:		

1. 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
Teaching Bike Skills	<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"/>
Bike Maintenance	<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: _____

HAVE YOU EVER BEEN EMPLOYED AT A BICYCLE SHOP OR BICYCLE RENTAL FACILITY?

Yes No

IF SO, PLEASE BRIEFLY LIST YOUR MAJOR DUTIES.

PERSONAL INTERESTS AND ACTIVITIES ASIDE FROM CYCLING:

CIRCLE THE CYCLING DISCIPLINES THAT YOU PARTICIPATE IN, OR, HAVE IN THE PAST, PARTICIPATED IN.

MOUNTAIN CX XC ROAD BMX DIRT JUMPING TRACK ENDURO GRAVEL DOWNHILL BIKE POLO

WHAT ASPECT OF CYCLING CULTURE MOST EXCITES YOU?

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 KOLO

BIKE PARK? (Include any previous experience working with people, etc. Attach additional page if necessary)

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

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? _____

This position requires physical stamina and some strenuous activity while working in all weather conditions. You may occasionally be tasked with lifting objects up to 50 pounds. Can you operate in adverse conditions, and perform the other essential functions listed in the job description, with or without reasonable accommodations?

Yes No

DO YOU HAVE RELIABLE VEHICLE FOR TRANSPORTATION TO AND FROM WORK?

Yes No

APPLICANT'S AGREEMENT: I understand that any incomplete, misleading or false information stated above may result in immediate dismissal by Asheville Zipline Canopy Adventures/KOLO Bike Park. I agree to abide by the employment policies and procedures of Asheville Zipline Canopy Adventures and KOLO Bike Park 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/KOLO Bike Park 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
85 Expo Drive
Asheville, NC 28806
Email: office@adventurecenterofasheville.com
(828)225-2921