



EMPLOYMENT APPLICATION

Adventure Bound
P.O. Box 88
Caratunk, Maine
04925
207-672-4300
www.adv-bound.com

Date: _____ Position applying for: _____

Name: _____ Phone (home): _____ Other (cell): _____ Email: _____

Address: _____

Social Security Number: _____ U.S. Citizen YES / NO If no Visa Type: _____

Driver's License Number: _____ Are you at least 18 years of age? YES / NO

List any friends or relatives working in the whitewater industry: _____

Contact in case of emergency:

Name: _____ Phone (home): _____ Other (cell): _____ Email: _____

Address: _____

Do you have a valid driver's license? YES / NO State: _____ Class: _____ Expiration: _____

Are you certified in first aid? YES / NO Type: _____ Expiration: _____

Are you certified in CPR? YES / NO Type: _____ Expiration: _____

Do you have your own transportation? YES / NO

Do you hold a Maine Guide's License? YES / NO Classifications: _____ Expiration: _____

Please list any special skills you have such as languages spoken, musical, carpentry, mechanical, clerical, culinary;

Other interests or hobbies? What else would you like us to know?

Have you been convicted of any criminal offense or had a period of incarceration within the last 5 years? YES / NO

If yes, provide details of this and any other convictions in your lifetime.

EDUCATION:

Highest level completed: _____ Name of School: _____

Area of study: _____

Career plans: _____

Dates available for employment: Beginning: _____ Ending: _____

Are you available to work FULL-TIME or PART-TIME

Number of hours expected per week? _____ Wages/Salary Expected? _____

EMPLOYMENT HISTORY (Most recent first)

1.) EMPLOYER: _____ POSITION: _____ WAGES/SALARY: _____
ADDRESS: _____ PHONE: _____
MAY WE CONTACT THIS PERSON: YES / NO REASON FOR LEAVING: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
CONTACT PERSON: _____

2.) EMPLOYER: _____ POSITION: _____ WAGES/SALARY: _____
ADDRESS: _____ PHONE: _____
MAY WE CONTACT THIS PERSON: YES / NO REASON FOR LEAVING: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
CONTACT PERSON: _____

3.) EMPLOYER: _____ POSITION: _____ WAGES/SALARY: _____
ADDRESS: _____ PHONE: _____
MAY WE CONTACT THIS PERSON: YES / NO REASON FOR LEAVING: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
CONTACT PERSON: _____

REFERENCES

1.) NAME: _____ RELATIONSHIP TO YOU: _____
ADDRESS: _____
PHONE: _____

2.) NAME: _____ RELATIONSHIP TO YOU: _____
ADDRESS: _____
PHONE: _____

I understand that the company or I may terminate my employment at any time and that nothing in this application or in the granting of interviews creates a contract of employment or for providing any benefit. I understand that to be employed I must be authorized to work in the United States and must provide documents of proof. I authorize the company to investigate thoroughly my work and personal history and verify all data given to the company. In return for being considered for a position, I release the company from any liability, which might arise from such an investigation. I authorize all individuals, schools, and firms named, except my current employer if so noted, to provide any information. I certify that all statements herein are true and understand that any falsification or willful omission shall be cause for dismissal or refusal of employment.

Do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker’s compensation records in accordance with ADA, labor and wage records, etc, or any part thereof, and authorize any duly authorized agent of IntelliCorp Records Inc and Kyes Insurance Agency to obtain, whether the said records are public or private, and including those which may be deemed privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this authorization will be used exclusively by IntelliCorp Records Inc. and Kyes Insurance Agency for identification purposes and for the release information, which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation any party of agency contacted by IntelliCorp Records Inc. and Kyes Insurance Agency to furnish the above mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to IntelliCorp Records Inc and Kyes Insurance Agency upon proper identification to request the nature and substance of all information in its files on me at the time of my request, including sources of information and the recipients of any reports on me which IntelliCorp Records Inc. and Kyes Insurance Agency has previously furnished within the two year period preceding my request.

Printed name

Applicant Signature

Date



VOLUNTARY DISCLOSURE STATEMENT

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Address: _____

Social Security Number: _____ U.S. Citizen YES / NO If no Visa Type: _____

Driver's License Number: _____ Are you at least 18 years of age? YES / NO

List any friends or relatives working in the whitewater industry: _____

1.) List your previous residence(s) over the last five years, including college and home residences

Years: _____ City: _____ State: _____

Years: _____ City: _____ State: _____

Years: _____ City: _____ State: _____

Years: _____ City: _____ State: _____

Years: _____ City: _____ State: _____

2.) Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below? YES / NO

* Indecent assault and battery against a child under fourteen * Forceful rape of a child under sixteen

* Indecent assault and battery against a person who is mentally retarded* Assault with intent to commit rape

* Indecent assault and battery against a person fourteen or older * Kidnapping a child under the age of sixteen

* Distribution and/or trafficking of any controlled substance * Rape

3.) Have you ever been adjudged liable for civil penalties or damages involving sexual/physical abuse of children? YES / NO

4.) Are you subject to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order or protection order? YES / NO

5.) Have your parental rights ever been terminated due to sexual or physical abuse of children? YES / NO

If you answered yes to questions 2,3,4, or 5, please explain on the back of this page.

I understand that:

- A.) The company may deny employment to any person who answers yes to question 2,3,4, or 5.
- B.) The company director may verify all information I have provided, which may include a criminal history check and a request from any central registry of child abusers.
- C.) The company may terminate employment or voluntary service of any person who is found to have 1.) a history of complaints of abuse of a minor or 2.) resigned, been asked to resign, been terminated from a position whether paid or unpaid due to complaints of sexual abuse of a minor.
- D.) This disclosure statement must be updated yearly.

Applicant Print Name: _____ Signature: _____ Date: _____

Witness: Print Name: _____ Signature: _____ Date: _____