

Pocono Whitewater/Biking and Skirmish Paintball Employee Application

Applications can be downloaded and emailed back to hr@poconowhitewater.com, copied and faxed to 570.325.4097, or mailed to: Pocono Whitewater/Skirmish Paintball, 1519 State Route 903, Jim Thorpe, PA, 18229
For questions or more information call: 570-732-1999

Today's Date: _____ Birth Date: _____
Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____ Home Phone (____) _____

Cell Phone (____) _____ Emergency Phone (____) _____
Emergency Name _____ Relation _____

Valid Driver's License? Yes _____ No _____ State _____ # _____ CDL Yes _____ No _____
Passenger Endorsement Yes _____ No _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If so, verification required)
Are you still attending high school? _____
If yes, do you have the required working papers? _____ (Needed on or before the first day of work)
Did we ever employ you? _____ If so, when? _____
Have you ever worked for a River Rafting Company? _____ If so, where? _____
Have you ever worked in the Paintball Industry? _____ If so, where? _____
How did you hear about the position you are applying for? Be specific! _____

TYPE OF WORK DESIRED Full Time: ____ Part Time: ____ Both: ____ Weekends: ____
IN WHAT AREA (Please rank, 1 being most desired) Reservations: ____ Rafting Guide: ____ CDL Bus Driver: ____
Skirmish referee: ____ Skirmish Support ____ Maintenance: ____ Retail Sales: ____ Van/Truck Driver: ____
Biking: ____ Raft Truck Crew: ____ Grounds Crew ____ Food Service: ____ Other: ____
Why do you feel you qualify for this/these jobs? _____

Do you know anyone who works for Pocono Whitewater/Skirmish? _____
How will you get to work? _____
Days Available (Circle) M T W Th F Sat Sun
Hours Available: _____
If there is a day or time when you are definitely unavailable, please indicate here: _____
Have you ever been convicted of a crime? _____ If so, describe in full: _____

EDUCATION

School	Name & Address	Years Completed	Did you Graduate?	Degree & Field
High School				
College				
Other				

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, Special accomplishments & acquired skills: _____

MILITARY SERVICE RECORD –

Were you in the U.S. Armed Forces ? Yes _____ No _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes ___ No ___

If yes, explain _____

If your resume is attached, you do not need to fill out the Employment History section below.

EMPLOYMENT HISTORY:

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ To: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY
Prior Work Experience. Yes: _____ No: _____

If you do not want us to contact your present employer, please indicate here: _____

Personal References: (Not relatives) 2 or 3

Name & Relationship	E-mail	Phone number

Please Read:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand that this application is not intended to be a contract of employment. Furthermore, this application does not obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative agencies, credit agencies, or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

Signature: _____ Date: _____