



EMPLOYMENT APPLICATION

Please complete this application in Microsoft Word and email it to us. If you are unable to do it this way, simply print it out and either mail or fax it to us (instructions on last page)

Date Application received by Wilderness Adventure: _____

For office use only (use dates): _____ ref. Check _____ interview _____ **HOLD** _____ **CONTRACT** _____ **NWJ** _____

Position Applying For : Trip Leader Support Staff
(check all that apply) Group Leader Other (please list): _____

Please briefly tell us what you are looking for in terms of employment (e.g. position, length of employment, etc):

Today's Date: _____

The earliest date that I can begin employment is _____

My last day of employment must not be later than _____

How did you hear about our employment opportunities (be specific) _____

On the line below please provide any dates and reasons which may require time off from your employment.

Full Name: _____ **Name You Go By:** _____

Date of Birth: _____ Age: _____ M / F Social Security # _____ - _____ - _____

Current Address: _____ Tel. # _____

City: _____ State: _____ Zip Code: _____

Date that you will no longer be able to receive mail at this address: _____

Permanent Address: _____ Tel. # _____

City: _____ State: _____ Zip Code: _____

E-Mail address _____

EDUCATION:

<u>Schools Attended</u>	<u>Major Subjects</u>	<u>Dates attended</u>	<u>Degrees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAST EMPLOYMENT / COUNSELING EXPERIENCE / OUTDOOR SCHOOLS OR PROGRAMS
(as either a student or employee, include any work in a related field)

- ① Employer/Program Name: _____
City: _____ State: _____ Job title: _____
Dates of employment _____ Tel. #: _____ Email: _____
Person to contact: _____
- ② Employer/Program Name: _____
City: _____ State: _____ Job title: _____
Dates of employment _____ Tel. #: _____ Email: _____
Person to contact: _____
- ③ Employer/Program Name: _____
City: _____ State: _____ Job title: _____
Dates of employment _____ Tel. #: _____ Email: _____
Person to contact: _____
- ④ Employer/Program Name: _____
City: _____ State: _____ Job title: _____
Dates of employment _____ Tel. #: _____ Email: _____
Person to contact: _____
- ⑤ Employer/Program Name: _____
City: _____ State: _____ Job title: _____
Dates of employment _____ Tel. #: _____ Email: _____
Person to contact: _____

REFERENCES: Please list at least three people who can vouch for your skills, character, or background. **(Do not use friends or relatives)**. Employers/Teachers make the best references. Please include their Name/Relation and a means to contact them.

<u>Name</u>	<u>Relationship</u>	<u>Phone Number of Contact</u>	<u>Email of Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACTIVITIES/SKILLS INVENTORY: In the lists below, place an **X** in the appropriate category.

An **X** under the “**ONE**” column indicates you have *no previous experience*.

An **X** under the “**TWO**” column indicates that you have *some experience*.

An **X** under the “**THREE**” column indicates you have *intermediate experience*.

An **X** under the “**FOUR**” column indicates that you have *advanced experience*.

PLEASE do not leave any spaces blank under the “EXPERIENCE” column! For all skill levels marked FOUR please include description of training received and experience teaching. Attach a separate word document titled “Teaching Experience”. Also include any additional skills/ideas you feel are appropriate.

	<u>EXPERIENCE</u>				<u>TEACHING EXPERIENCE</u>
	<u>ONE</u>	<u>TWO</u>	<u>THREE</u>	<u>FOUR</u>	
Experience working w/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bear Country Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Impact Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Water Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rappelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountaineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mtn. Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team-building games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orienteering/map skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mt. Bike Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT CERTIFICATIONS: (List expiration dates below)

- | | |
|---|---|
| <input type="checkbox"/> * Wilderness First Aid _____ | <input type="checkbox"/> * Adult CPR _____ |
| <input type="checkbox"/> Wilderness First Responder _____ | <input type="checkbox"/> Wilderness EMT _____ |
| <input type="checkbox"/> E.M.T. _____ | <input type="checkbox"/> Life Guard _____ |
| <input type="checkbox"/> Swift Water Rescue _____ | <input type="checkbox"/> Leave No Trace _____ |
| <input type="checkbox"/> SCUBA (which certification): _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

(*) Indicates Minimum Requirement of all employees except Apprentices and Support Staff (Attach copies of any completed certifications - both sides) * WFA and CPR courses are offered 2 days prior to orientation at our Base Camp facilities.

PLEASE PROVIDE SHORT ANSWERS TO THE FOLLOWING:

- 1) Why do you want to work for Wilderness Adventure?
- 2) What experiences have you had working with children between the ages of 8 and 17? Be specific: describe length of assignments and situations, describe your specific responsibilities. Most importantly what did you learn?
- 4) What personality trait do you possess that you think would be important to have as a member of our staff? How do you believe this will contribute to a participant's wilderness adventure experience?
- 5) If you were asked to teach a four hour segment to our staff during orientation what would you teach? Why do you think it would be important? What do you see as the benefits of such a class? (You do not have to be qualified to teach the topic).

DRIVING RECORD:

Do you drive? _____

(If no please explain) _____

Drivers License # _____ State issued: _____

Accidents within the last 3 years _____

Moving violations within the last 3 years (please list dates & amount over if speeding): _____

MISCELLANEOUS:

Is there any reason, medical or other, you would be unable to complete a contract of the dates you provided on the first page of this application including participation in the activities listed on the skills inventory? _____
(if Yes, please explain) _____

Have you ever been *charged with or convicted of* a crime other than a traffic violation? _____

(If yes, please explain) _____

List any other names by which you have been known

(Note: Include maiden names or names that were changed for other reasons). _____

Please explain fully and in detail any dietary restrictions (i.e., vegetarian, vegan, no pork, etc): _____

Please list any foreign languages you speak and with what level of fluency (i.e. Spanish, semi fluent): _____

Do you use tobacco products (if yes, please explain) _____

I certify that the answers given above are true to the best of my knowledge. I hereby authorize courts, police departments, motor vehicle departments, and other agencies to release any record that may be on file in my name. Any such record will become part of my personal application for employment at Wilderness Adventure at Eagle Landing.

Signature _____ Date _____

Check here to acknowledge that your typed name above serves as your written signature.

Please send application to:

Patrick Boas:

Email: patrick@wilderness-adventure.com Mail: **11176 Peaceful Valley Rd** or Fax: 540-864-6800
New Castle, VA 24127

REFERENCES

Eventually we will need to have two references before an offer can be made to any potential staff member. If you want to speed up the process please give this form to 2 people who can serve as a reference for you. You can get the reference form by visiting the link below. Ask them to complete the form from our web-page and email it directly to us at patrick@wilderness-adventure.com.