

# WHITE WATER ADVENTURERS, INC.

PO BOX 31 NEGLEY STREET OHIO PYLE PA 15470

Phone: 800-WWA-RAFT  
Fax: 724-329-1488

e-mail: info@wwraft.com  
website: wwraft.com

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

### PLEASE PRINT

Position (s) Applied For: _____		Date of Application: _____		
How Did You Learn About Us?				
___Advertisement	___Friend	___Relative	___Employment Agency	___Other _____
Last Name	First	Middle		
Address	Street	City	State	Zip Code
Telephone Number (s) including area code (s): _____			Social Security Number: _____	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ am or pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_Yes \_\_\_No

Have you ever filed an application with us before? \_\_\_Yes \_\_\_No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_Yes \_\_\_No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? \_\_\_Yes \_\_\_No  
If Yes, state name, relationship, and location \_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No

May we contact your present employer? \_\_\_Yes \_\_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_Yes \_\_\_No

Proof of citizenship or immigration status will be required upon employment.

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: \_\_\_Full Time \_\_\_Part Time

Are you currently on "lay-off" status and subject to recall? \_\_\_Yes \_\_\_No

<b>EDUCATION:</b>				
School _____	Name and Address of School _____	Course of Study _____	Years Completed _____	Diploma/Degree _____
High School	_____			
Undergraduate College	_____			
Graduate/Professional	_____			
Other (Specify)	_____			

# WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**WORK EXPERIENCE:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER	DATES EMPLOYED FROM                      TO	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY	
TELEPHONE NUMBER (S)		
STARTING/PRESENT JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATES EMPLOYED FROM                      TO	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY	
TELEPHONE NUMBER (S)		
STARTING/PRESENT JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATES EMPLOYED FROM                      TO	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY	
TELEPHONE NUMBER (S)		
STARTING/PRESENT JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATES EMPLOYED FROM                      TO	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY	
TELEPHONE NUMBER (S)		
STARTING/PRESENT JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**COMMENTS:** Include explanation of any gaps in employment.


**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States Military.**

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**List professional, trade, business or civic activities and offices held.**  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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**ADDITIONAL INFORMATION:**  
 Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

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**SPECIALIZED SKILLS (Please check which apply) Skills/Equipment Operated**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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**QUALIFICATIONS:**

Paddle Kayak or C-1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give Orientations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip Leader	<input type="checkbox"/> Yes <input type="checkbox"/> No	Standard First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lifesaving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Cards Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Expiration:	/ /

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

**PERSONAL/PROFESSIONAL REFERENCES: (Do not include family members or past supervisors.)**

<b>NAME:</b>	<b>PHONE NUMBER:</b>	<b>BEST TIME TO CALL</b>	<b>OCCUPATION</b>
1.			
2.			

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date