

BOISE RIVER RAFT AND TUBE RENTALS

Employment Application

5739 E Foxgrove Drive

Boise, ID 83716

EMAIL: boiseriverraftandtube@gmail.com

Name (Last, First, Middle)		List All Positions you are Applying For	
Current Address		Street or P.O. Box No.	
City	State	Zip Code	
Home Telephone		Daytime phone where you may be reached	
Do you have current and valid documentation which authorizes you to work in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment).			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be available to start work?			
Will you work		Last day you can work:	
Weekdays:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Weekends:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Do you have a valid vehicle operator's license		Can you drive a standard (stick shift) vehicle?	
<input type="checkbox"/> Yes State issued in: <input type="checkbox"/> No <input type="checkbox"/> CDL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES	Name	City	State	Telephone (include area code)

EDUCATIONAL HISTORY	List educational institutions below. Use additional pages if required			
		Name, address, city and state of school(s) attended	Check last grade attended	Graduated
	High School		9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College		1 2 3 4 <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in school sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when will they start?				
Explain any specialized training, additional schooling or education awards.				

EMPLOYMENT HISTORY	Employment history: List below your work history, beginning with your present or most recent job, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Attach additional sheets if necessary.					
	Employer's name and address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title/position	From	To
					Mo/Yr	Mo/Yr
	Duties (be specific)				Total Time	Hours/Week
					Yrs/Mos	
					Salary	
					Starting	Ending
	Reason for Leaving				Supervisor's name	
					Phone No.	
	Employer's name and address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title/position	From	To
				Mo/Yr	Mo/Yr	
Duties (be specific)				Total Time	Hours/Week	
				Yrs/Mos		
				Salary		
				Starting	Ending	
Reason for Leaving				Supervisor's name		
				Phone No.		

Please attach additional pages, if necessary

SIGNATURE	APPLICANT – READ AND SIGN BELOW	
	I affirm that all information in this application is true and complete.	
	Any misrepresentation, false statements, or omission of facts called for, shall constitute cause for dismissal or grounds for refusal of employment.	
	I agree to comply with rules, policies, standards, and/or procedures applicable to my position of employment.	
	_____ Signature of Applicant	_____ Date