Adventures Unlimited Outdoor Center

8974 Tomahawk Landing Road, Milton, Florida 32570 (850) 623-6197 www.adventuresunlimited.com

Job Application

lame:			
ddress:			
lome Phone #: () Other Phone #:	() Email:		
ocial Security #:	Date of Birth: / /	Are you a U.S. Ci	tizen? Yes No
Do you have a current driver's license?	License #:		State:
Do you have a current C.D.L.? License #:		State:	
Have you had a ticket or accident? Yes No Explain	n:		
Have you ever been convicted of a felony? Yes No	Explain:	_	
f selected for employment are you willing to subm	it to a pre-employment drug screenir	ng test and physical	exam? Yes No
Which days of the week can you work?	F	Part time:	Full time:
Date available to begin work:	Prefe	erred work hours:	
Do you have your own transportation?			
Do you give permission for Adventures Unlimited to perf	form a background check on you? If yes,	please sign:	
Highest Level of Education Completed:			
Highest Level of Education Completed:Emergency Contacts:Name	Phone #		Relationship
Emergency Contacts:			Relationship Relationship
Emergency Contacts:Name	Phone #	nat vou feel qualify v	Relationship
Emergency Contacts:Name	Phone #	nat you feel qualify yo	Relationship
Emergency Contacts: Name Name Please attach a resume or a brief summary of the persons. Give Brief Job History (Start with the most recent.	Phone # Phone # Sonal skills, experiences, or education the		Relationship ou for this job.
Emergency Contacts: Name Name Please attach a resume or a brief summary of the persuments of the pe	Phone # Phone # Sonal skills, experiences, or education the second company:	Supervisor:	Relationship ou for this job.
Emergency Contacts: Name Name Please attach a resume or a brief summary of the persons. Give Brief Job History (Start with the most recent.	Phone # Phone # Sonal skills, experiences, or education the second company:	Supervisor:	Relationship ou for this job.
Emergency Contacts: Name Name Please attach a resume or a brief summary of the persuments of the pe	Phone # Phone # Sonal skills, experiences, or education the Description: Job Description:	Supervisor:	Relationship ou for this job.
Emergency Contacts:	Phone # Phone # Sonal skills, experiences, or education the Company: Job Description:	Supervisor: Supervisor:	Relationship ou for this job.
Emergency Contacts:	Phone # Phone # conal skills, experiences, or education the skills, experiences. Company: Job Description: Company: Job Description:	Supervisor: Supervisor:	Relationship ou for this job.

1Name	Phone #/Email
Name	
How Known	
2	Phone #/Email
How Known	
3	
Name	Phone #/Email
How Known	
I certify that all answers given here I authorize investigation of all state decision.	re true and complete to the best knowledge. Its contained in this application for employment as may be necessary in arriving at an employment
In the event of employment, I undedischarge.	nd that false or misleading information given in my application or interview(s) may result in
/ have read and am fully aware of what	be required by Adventures Unlimited, Inc.
Signature	Date

(If under the age of 18, please have parent or guardian sign).