VILDWATER & ADVENTURE	AMERICA ZIPLINE CANOPY TOURS E	MPLOYMENT APPLICATION An Ed	qual Opportunity Employe
AST NAME	FIRST NAME	SOCIAL SECURITY	#//
CURRENT ADDRESS			
CITY	STATE ZIP _	TELEPHONE	
OTHER ADDRESS			
CITY	STATE ZIP _	TELEPHONE	
MAIL	CELL PH	IONE	
BIRTH DATE (Optional)	HEIGHT (Optional)	WEIGHT (O	ptional)
DO YOU HAVE A VALID DRIV	CHATTOOGA OCOEE NANTAH	NUMBER	TYPE
CURRENT CPR? (required for	guides) Yes No Type	Exp. Date	
OTHER CERTIFICATIONS			
RE YOU A US CITIZEN OR (OTHERWISE AUTHORIZED TO WORK IN	N THE UNITED STATES?	
EDUCATION: CURRENT STA	TUS		
SCHOOL		CITY	STATE
CLASS MAJOR	R ADVISOR	TELEPHONE	
SCHOOL ACTIVITIES			

JOB EXPERIENCE: Listing most recent first. EMPLOYER _____ DATES EMPLOYED _____---JOB TITLE RESPONSIBILITIES SUPERVISOR ______ PHONE # _____ REASON FOR LEAVING ______ MAY WE CONTACT EMPLOYER? _____ EMPLOYER ______ DATES EMPLOYED ____--JOB TITLE RESPONSIBILITIES SUPERVISOR ______ PHONE # _____ REASON FOR LEAVING ______ MAY WE CONTACT EMPLOYER? _____ LIST ADDITIONAL JOB EXPERIENCE OR PROFESSIONAL REFERENCES 1. NAME _____ Relationship _____ 2. NAME ______ Relationship _____ 3. NAME ______ PHONE # _____ Relationship _____

Explain any breaks in employment of more than 4 months:

PLEASE RATE YOUR SKILLS OR EXPERIENCE IN THE FOLLOWING AREAS: (Zero- no skill to Five- great skill)

	0	1	2	3	4	5
Whitewater						
High Ropes/Zipline						
Carpentry/Repairs						
Auto Mechanics						
Food Service						
Retail						
Office Skills						
Computer Skills						
Interpretive Knowledge*						
Foreign Language						
Leadership Skills						
*(Interpretive know						
PERSONAL INTERI	ESTS	AND	ACTI\	/ITIES	 }	
HOW DID YOU HEA	AR AB	OUT	EMPL	OYME	ENT O	PPOF

personal	
drug/albohor testing is required when himg a workman's compensation	
	n claim. I authorize Wildwater Ltd. to contact any employment or
I realize that the work schedule demands flexibility and commitment u	pon my accepting employment. I also understand that post-accident
time.	aures of Whawater Ltd. and understand that I may be terminated at ar
APPLICANTS AGREEMENT: I understand that any incomplete, misle dismissal by Wildwater I td. Lagree to abide by the employment policies and procei	eading or false information stated above may result in immediate dures of Wildwater Ltd. and understand that I may be terminated at an
AVAILABLE TO WORK FULL TIME: (DATE):	UNTIL (DATE):
	e working with people, etc. Attach additional page it necessary)
(include any interpretive knowledge and abilities, previous experience	a working with people ata Attach additional page if people and
WILDWATER LTD. (Include any interpretive knowledge* and abilities, previous experience)	

Mail or fax application to:

Wildwater Ltd.
PO Box 309
Long Creek, SC 29658
Telephone: (864) 647-9587
Fax: (864) 647-5361

Email Any Questions to: employment@wildwaterrafting.com

Web Site: www.wildwaterrafting.com