

Appalachian Ski & Outdoors  
 123 South Allen Street  
 State College, PA 16801  
 www.theadventuresource.com



Tel. (814) 234-3000  
 Toll Free 1-800-690-5220  
 Fax (814) 234-2440

## Application For Employment

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Local Address: \_\_\_\_\_ Local Phone: (\_\_\_) \_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_) \_\_\_-\_\_\_\_

How long will you be a State College resident? \_\_\_\_\_ Date you can start work: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

**HOURS:**     Full Time     Part Time    (Number of Hours/Week: \_\_\_\_\_)

Can you work *Weekends*?     Yes     No    Can you work *Evenings*?     Yes     No

DAY	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

Will you be able to work during holidays and breaks?     Yes     No

Have you ever been convicted of a crime?     Yes     No    If so, what? \_\_\_\_\_

Have you ever been discharged from a company?     Yes     No    If yes, from where? \_\_\_\_\_

Do you know any current or former employees of Appalachian Outdoors?     Yes     No

If so, who? \_\_\_\_\_

### EDUCATION & SKILLS:

High School: \_\_\_\_\_ Graduated?     Yes     No

College: \_\_\_\_\_ Graduated?     Yes     No    Major / Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Graduated?     Yes     No    Major / Degree: \_\_\_\_\_

Currently Enrolled?     Yes     No        Full Time     Part Time

**Please evaluate your skills in the following areas by circling your appropriate level of experience:**

1 being *NO EXPERIENCE*; 5 being *CAN TEACH ACTIVITY*

ACTIVITY:	LEVEL OF EXPERIENCE:				
Alpine Skiing	1	2	3	4	5
Alpine Ski Tech	1	2	3	4	5
Backpacking	1	2	3	4	5
Canoeing/Kayaking	1	2	3	4	5
Outdoor Clothing	1	2	3	4	5
Rock Climbing	1	2	3	4	5
Inline Skating	1	2	3	4	5
Snowboarding	1	2	3	4	5
Telemark Skiing	1	2	3	4	5
XC Skiing	1	2	3	4	5
XC Ski Tech	1	2	3	4	5
Skateboarding	1	2	3	4	5

Please discuss any specific training, expertise or experiences you have which would make you an asset to Appalachian Ski and Outdoors.

What other activities occupy most of your time?

Briefly explain any retail experience or public interaction you have had in the past.

**Employment History:** List last job first. Include Military service.

<b>Company Name:</b>	Your Job	Supervisors Name
Address	Last Pay Rate	Reason for Leaving
City/State/Zip	Phone #	Dates Employed

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**PLEASE READ**

We are an equal opportunity employer committed to non-discrimination in employment. We hire without regard to race, color, national origin, religion, age, or disability.

I certify that the information given is true and complete. I agree that any misinformation, falsification or omission of facts herein shall justify my dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date