Appalachian Outdoors
123 South Allen Street
State College, PA 16801
AppOutdoors.com

appalachian
outdoors since 1974

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

Application For Employment

Name: _____ Date: ___/____/____

Local Address: _____ Phone: (___) _____-_____

Home Address: _____ Email _____

City: _____ State: _____ Zip: _____

Position Applying For: _____

Preferred method of contact. Phone __ Email __

How long will you be a State College resident? _____Date you can start work: _____

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 ❑ Most When: _____

Have you ever been convicted of a felony or misdemeanor? ❑ Yes ❑ No

If so, what/when? _____

Do you know current/ former employees of Appalachian Outdoors? ❑ Yes ❑ No

If so, whom? _____

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 *NO EXPERIENCE;* **5** *HAVE PROFESSIONALLY TAUGHT/ CERTIFIED IN ACTIVITY*

ACTIVITY:	LEVEL OF EXPERIENCE:				
Alpine Skiing	1	2	3	4	5
Snowboard & Ski Tech	1	2	3	4	5
Backpacking	1	2	3	4	5
Outdoor Clothing	1	2	3	4	5
Rock Climbing	1	2	3	4	5
Snowboarding	1	2	3	4	5
XC Skiing	1	2	3	4	5
Skateboarding	1	2	3	4	5

Please list any Training/Certificates earned and the year and month issued.

_____

_____

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

_____

_____

_____

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

_____

_____

_____

Employment History: List last job first. Please include Military service.

Company : _____ Job Title _____ Supervisor's Name _____

Address _____ Last Pay Rate _____ Reason for Leaving _____

City/State/Zip _____ Phone # _____ Dates Employed _____

Company : _____ Job Title _____ Supervisor's Name _____

Address _____ Last Pay Rate _____ Reason for Leaving _____

City/State/Zip _____ Phone # _____ Dates Employed _____

Have you ever been discharged from a company? ☐ Yes ☐ No   If yes, from where & why? _____

Please provide at least 3 professional references: (No Family or Friends Please)

Name _____ Relationship _____ Contact Info: _____

Name _____ Relationship _____ Contact Info: _____

Name _____ Relationship _____ Contact Info: _____

_____

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. By signing this form I authorize Appalachian Outdoors to contact my references. 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

Please print and attached your resume