## **Maine Kayak, Inc. / Staff Application**PO Box 674 Unity, ME. 04988 PH: (207) 948-5194 – Fax: 207-948-5193

LAST NAME	FIRST NAME		DATE	
BIRTH DATE	SOC. SEC. #			
CURRENT ADDRESS	CITY	STATE	ZIP	
DATES AT CURRENT ADDRESS	PHONE #			
PERMANENT ADDRESS				
POSITION APPLYING FOR : _		PART TIN	ME / FULL TIME	
EMPLOYMENT RECORD	List your three most recent jo	bs. Begin with you	r present or last job.	
COMPANY NAME	DATES EMPLOYED			
POSITION	RESPONSIBILITIES			
SUPERVISOR	PHONE #			
REASON FOR LEAVING		MAY WE CON	TACT: YES/NO	
COMPANY NAME	DATES EMPLOYED			
POSITION	RESPONSIBILITIES			
SUPERVISOR	PHONE #			
REASON FOR LEAVING		MAY WE CON	VTACT: YES/NO	
COMPANY NAME	DAT	ES EMPLOYED	_	
	RESPONSIBILITIES			
SUPERVISOR				
REASON FOR LEAVING			VTACT: YES/NO	
PERSONAL REFERENCES	List three references that are not related to you.			
NAME		RE	LATIONSHIP	
1 2				
3				
IN CASE OF EMERGENCY; NOTIFY				
NAME	PHONE #	RE	LATIONSHIP	
1				

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## CERTIFICATIONS

CERTIFICATION	10		
ARE YOU LICENSED YES / NO	, AS A RECREATION	OR SEA KAYAKING GUIDE, IN THE	STATE OF MAINE?
ADDITIONAL GUIDE	E LICENSES :		
	EMERGENC	EY MEDICINE CERTIFICATIONS	
		WFR EMT-B/I/P CPR OTHER EXP. DATE EXP. DATE	
		COPY OF ALL RELEVANT CERTIF	
( ) ON ONE TRUE, I	EERGE INCECUE A	COLL OF WELL KELLIVMINI CERTIF	Territorio
DRIVERS LICEN	SES		
SOURCE / STATE	LICENSE #	CLASSIFICATION / CDL	EXP. DATE
ANY OTHER SKILL EMPLOYMENT WIT KAYAKING - CANOR	<b>S THAT MAY BE HE I'H MAINE KAYAK.</b> EING - MTN. BIKING S, BUILDING - CONS'	EYOU MAY HAVE WITH ANY OF THE ELPFUL IN CONSIDERING YOUR AI PHOTOGRAPHY - VIDEOGRAPHY	PPLICATION FOR VIDEO EDITING - R - MAINTENANCE;
WHY DO YOU WAN	T TO WORK FOR M	IAINE KAYAK?	
Feel free to use add think is pertinent to	• 0	xplain further or to add any info	rmation that you
STAFF MEMBERS AC DOUBTS ABOUT EXPECTATIONS, PL	CT IN A PROFESSION YOUR ABILITY T EASE DO NOT COI <b>ARE EXPECTED N</b> O	AYAKING OUTFITTER THEREFORE NAL MANNER BOTH ON- AND OFF-D O DEAL HONESTY AND SUCCE MMIT YOURSELF TO WORKING A OT TO USE ILLEGAL DRUGS OR CR.	UTY. IF YOU HAVE ANY ESSFULLY WITH OUR T MAINE KAYAK. ALL
APPLICANT'S A	GREEMENT		
I authorize inv	estigation of all statemesame. I understand that	we any questions regarding the following, ents herein and release MAINE KAYAK a untrue, misleading, or omitted information	and all others from liability
Signature :		Date :	