



Desert Adventures
 1647-A Nevada Hwy
 Boulder City, NV 89005
 Phone: (702) 293-5026
 www.kayaklasvegas.com

Employment Application

Desert Adventures, L.L.C. is an equal opportunity employer. All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Position Sought: Kayak Guide Hiking Guide Shuttle Driver General Office Any available

How did you learn about the position? Web Newspaper Friend Other _____

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____ Email: _____
City State Zip

Drivers License Number: _____ Available Start Date: _____

Our Guides must meet a minimum age requirement. Are you currently 21 or older? [] Yes [] No

Our Drivers must meet a minimum age requirement. Are you currently 25 or older? [] Yes [] No

AVAILABILITY							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Are you a U.S. citizen, or are you authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please explain circumstances: _____

Have you ever been terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

This is a non-smoking workplace. If hired, are you willing to comply during scheduled shifts? [] Yes [] No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

Other than English, what languages do you speak or write fluently? _____

What outdoor activities do you enjoy and engage in regularly? _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY (Most Recent First)

1. Employer _____ Job Title _____
Dates Employed _____ to _____ Salary \$ _____
Address _____
Supervisor _____ Title _____ Phone _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ to _____ Salary \$ _____
Address _____
Supervisor _____ Title _____ Phone _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ to _____ Salary \$ _____
Address _____
Supervisor _____ Title _____ Phone _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date