



AWOL ADVENTURE SPORTS
701 2nd Ave S. Twin Falls, ID 83301

Employment Application for 2024 Season

(MUST BE MINIMUM AGE OF 15 BY MAY 1, 2024 TO APPLY)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Dates Available: From _____ To _____ Social Security No.: _____

Position Applied for: **CHECK ALL THAT APPLY (must be 18+ years old for guide/captain positions)**

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------------|
| ZIP LINE
GUIDE | KAYAK
GUIDE | BOAT
CAPTAIN | KAYAK
DOCK | RECEPTIONIST
& CHECK-IN | SALES & RETAIL
(AT THE STORE) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, when?

Can you work on weekends?
(including Sundays) YES NO

Can you work on Holidays?
(including Labor Day, Father's Day,
4th July, Memorial Day) YES NO If no, which ones?

Do you have reliable transportation for
getting to/from work? YES NO

Do you have any vacations or trips planned
for this summer? (May-August) YES NO If yes, when?

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Certain positions with AWOL Adventure Sports (Zip Line Guide, Kayak Guide, Boat Captain) require applicants to be certified to ACCT and State of Idaho standards and have current CPR/1st Aid training. I understand that upon hiring (or promotion) with AWOL, I will be offered these certification courses free of charge. However, I understand that this is a prerequisite to these positions, therefore I acknowledge that I will not be paid during training days

Signature: _____ Date: _____

*ATTACH RESUME TO APPLICATION AND RETURN TO 701 2ND AVE S. TWIN FALLS, ID 83301