

# APPLICATION FOR EMPLOYMENT

Circle or highlight the positions below you are applying for



**Cool River Tubing**  
Chattahoochee River

**River Help**  
**Cashier**  
**Driver**



**COOL RIVER**  
ADVENTURES

**Aerial Guide**  
**Cashier**

**Cool River • PO BOX 817 • HELEN, GA 30545 •**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How long at this address? \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Telephone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 List age if under 18: \_\_\_\_\_ Are you 26 or older?  Yes  No

Hourly rate desired: \_\_\_\_\_ Days/ hours available to work: \_\_\_\_\_ Months available to work: \_\_\_\_\_  
 How many hours can you work per week? \_\_\_\_\_ All \_\_\_\_\_ Thur \_\_\_\_\_ All \_\_\_\_\_ July \_\_\_\_\_  
 Can you work evenings?  Yes  No Mon \_\_\_\_\_ Fri \_\_\_\_\_ Mar \_\_\_\_\_ Aug \_\_\_\_\_  
 Employment Desired:  Full time  Part time Tues \_\_\_\_\_ Sat \_\_\_\_\_ Apr \_\_\_\_\_ Sept \_\_\_\_\_  
 Do you smoke?  Yes  No Wed \_\_\_\_\_ Sun \_\_\_\_\_ May \_\_\_\_\_ Oct \_\_\_\_\_  
 June \_\_\_\_\_ Nov \_\_\_\_\_  
 Dec \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEAR COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER EDUCATION				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No  
 If yes, explain all convictions, nature of offenses leading to convictions, date of convictions, where committed, sentences imposed, and type of rehabilitation. Use back of this sheet if not enough room.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a valid driver's license?  Yes  No  
 Driver's license number: \_\_\_\_\_ State of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Type of License:  Regular Operators  Commercial  Chauffeur  
 If applying for Cool River Tubing 'Driver', do you have a P endorsement on your CDL?  Yes  No

What is your means of transportation to work? \_\_\_\_\_  
 Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_  
 Have you had any moving violations during the past three years?  Yes  No How many? \_\_\_\_\_

Is there any physical disability that would prevent you from fully performing the duties of the job for which you are applying?  
 (Each position requires a different level of physical abilities.)  Yes  No  
 Describe if Yes:  
 \_\_\_\_\_

Please list any special training, or other qualities which you believe make you a valuable employee: (i.e.—outdoor experience, climbing, repelling, foreign language, etc.)  
 \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

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## EMPLOYMENT

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Please list your last 4 employers starting with the most recent:

1) Company: \_\_\_\_\_ Location: \_\_\_\_\_  
City/State  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr Month/Yr

Reason for leaving:

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2) Company: \_\_\_\_\_ Location: \_\_\_\_\_  
City/State  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr Month/Yr

Reason for leaving:

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3) Company: \_\_\_\_\_ Location: \_\_\_\_\_  
City/State  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr Month/Yr

Reason for leaving:

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4) Company: \_\_\_\_\_ Location: \_\_\_\_\_  
City/State  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr Month/Yr

Reason for leaving:

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## REFERENCES

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Please give the names and contact information for three persons (unrelated to you) that have known you for at least 2 yrs:

1) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State

2) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State

3) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State

# APPLICATION FOR EMPLOYMENT

## *APPLICANT MUST READ AND SIGN*

In exchange for the consideration of my job application to Cool River Zip lines, Cool River Tubing Co., Georgia Alpine Coaster, and/or Wildewood (hereinafter called "the Company"), I agree to the following:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Company. Both the undersigned and the Company may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is caused for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, law enforcement agencies, bureau of motor vehicles, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related health questionnaire and/or physical examinations.

I understand that, in connection with the routine processing of the employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to character, general reputation, personal characteristics, and mode of living. Upon written requests from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days from the date of first reporting to work, and further that at any time during the probationary period or thereafter, my employment relationship with the company is terminable at will for any reason by either party.

The company provides a tobacco free/smoke free working environment. The use of tobacco products is limited to remote designated areas. Non-compliance with this policy can result in termination of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<p>This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.</p>
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