



# HOCKING HILLS CANOPY TOURS

*OHIO'S FIRST World-Class Zipline Adventure!*

10714 JACKSON STREET \* ROCKBRIDGE, OHIO 43149 • PH:1740-385-9477 • hockinghillscanopytours.com

## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4 PRINTING ALL INFORMATION REQUESTED EXCEPT SIGNATURES:

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender:  Male  Female  Identify as \_\_\_\_\_ Height: \_\_\_\_\_  
 How long at this address? \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Telephone # (\_\_\_\_) \_\_\_\_\_ Cell phone # (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_  
 List age if under 18: \_\_\_\_\_ Are you 26 or older?  Yes  No  
 Positions applying for: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 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 \_\_\_\_\_

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.

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**MILITARY**

Have you ever been in the armed forces?  Yes  No Are you currently in the national guard?  Yes  No

Specialty: \_\_\_\_\_ Date entered: \_\_\_\_\_ Discharge date: \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your most recent job held, including self employment.

Attach additional sheets or a resume if necessary.

Name of employer \_\_\_\_\_ Name/position of last supervisor \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Pay or salary starting \_\_\_\_\_ final \_\_\_\_\_

Telephone number \_\_\_\_\_ Your last job title \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

List the positions you held, duties performed, skills used or learned, advancements or promotions earned while at this job:

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Name of employer \_\_\_\_\_ Name/position of last supervisor \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Pay or salary starting \_\_\_\_\_ final \_\_\_\_\_

Telephone number \_\_\_\_\_ Your last job title \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

List the positions you held, duties performed, skills used or learned, advancements or promotions earned while at this job:

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Name of employer \_\_\_\_\_ Name/position of last supervisor \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Pay or salary starting \_\_\_\_\_ final \_\_\_\_\_

Telephone number \_\_\_\_\_ Your last job title \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

List the positions you held, duties performed, skills used or learned, advancements or promotions earned while at this job:

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**APPLICATION WAIVER FORM - PLEASE READ CAREFULLY**

In exchange for the consideration of my job application to Hocking Hills Canopy Tours (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 or 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 cause 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 this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, 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 \_\_\_\_\_

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.

*Thank you for completing this application form and for your interest in Hocking Hills Canopy Tours*