

NORTH GEORGIA CANOPY TOURS

Georgia's Ultimate Zipline - A Treetop Adventure

5290 Harris Road, Lula, Georgia 30554

(770) 869-7272

APPLICATION FOR EMPLOYMENT

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

Name _____ Date _____

Address _____

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) _____

Salary desired: _____ Days/hours available to work: _____ Months not available to work: _____

How many hours can you work per week? _____ All _____ Thur _____

Can you work evenings? _____ Mon _____ Fri _____

Employment desired: Full Time _____ Tues _____ Sat _____ I am available 12 months ☐

Part time _____ Wed _____ Sun _____

Do you smoke? ☐ Yes ☐ No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS 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.

Have you had any moving violations during the past three years? ☐ Yes ☐ No How many? _____

Have you ever filed for bankruptcy? _____ Do you have any outstanding judgments against you? _____

Telephone number _____ Telephone number _____

[illegible]

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: _____

Did you receive an honorable discharge? _____

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:

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:

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:

APPLICATION WAIVER FORM - PLEASE READ CAREFULLY

In exchange for the consideration of my job application to North Georgia 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 your interest in North Georgia Canopy Tours!