Rainbow Glacier Adventures

"Connecting our guests with Alaska through our caring, capable and committed."

PO Box 1103, Haines, AK 99827
(907)766-3586 - Fax: (907)766-3580
www.tourhaines.com

APPLICATION FOR EMPLOYMENT

Applicant's Name: _____ Date of Birth: _____

Address: _____

Phone: _____Email:_____

Position(s) Applying For:

- ❏ Photography/Naturalist Guide
  - ❏ Haines
  - ❏ Skagway
- ❏ Rafting Guide
- ❏ Maintenance
  - ❏ Vehicle Washer
- ❏ Office Assistant
- ❏ Dock Representative

Do you seek full-time or part-time work? ▢ full-time ▢ part-time
Training begins in late April and tours run from May through late September.
What dates are you available? From_____to_____
List any particular days/dates/times you cannot work:_____
Referred By: _____

Education:
What is the highest level of education completed or number of years attended?
High School _____ Undergraduate_____ Masters _____ Other_____
What was/is your area of study? _____

Certifications Received: (please include dates of expirations)

First Aid _____ CPR _____
Wilderness First Responder _____ Swift Water Training _____
Commercial Drivers License _____
Other _____

Applicant's Name: _____ Date of Birth: _____

Three most recent employers:

1. Business:_____ Supervisor Name/Title:_____
   Your position:_____
   Business Phone:_____ May we contact this person? ▢ Yes ▢ No
   Dates Employed: from_____to_____
   Ending Salary: $_____ ▢ per Month ▢ per Hour
   Reason for leaving: _____

2. Business:_____ Supervisor Name/Title:_____
   Your position:_____
   Business Phone:_____ May we contact this person? ▢ Yes ▢ No
   Dates Employed: from_____to_____
   Ending Salary: $_____ ▢ per Month ▢ per Hour
   Reason for leaving: _____

3. Business:_____ Supervisor Name/Title:_____
   Your position:_____
   Business Phone:_____ May we contact this person? ▢ Yes ▢ No
   Dates Employed: from_____to_____
   Ending Salary: $_____ ▢ per Month ▢ per Hour
   Reason for leaving: _____

Personal References:

1. Name: _____ Phone: _____
   Address: _____
   Position/Relation: _____
   Years Acquainted: _____

2. Name: _____ Phone: _____
   Address: _____
   Position/Relation: _____
   Years Acquainted: _____

3. Name: _____ Phone: _____
   Address: _____
   Position/Relation: _____
   Years Acquainted: _____

Resume:
Please submit a current resume along with this application.

Signature:_____ Date: _____
This certifies that I completed this application, and that all entries on it and information on it are true and complete to the best of my knowledge.