



Alaska Mountain Guides Adventures, Inc.

Application for Employment



DIRECTIONS: Completely fill out all of the information requested for the position(s) that you are applying for. Please type or print in ink and add additional pages if needed. **All applicants must also include a cover letter and resume along with the application.**

Applicant Information:

<p>Name: <small>First, middle, last</small></p> <p>Address: <small>Street (House or PO Box)</small></p> <p><small>City, State, Zip</small></p> <p>Primary Phone Number: <small>Second phone number:</small></p> <p>E-mail Address: _____</p>	<p>Job Applying For:</p> <p>Dates of Availability: <small>to</small></p> <p><small>(Our season is May through September. Guide applicants must be available for training in mid-April and for work through August/September)</small></p> <p>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(All Hike & Float guides must be insurable to drive company vehicles.)</small></p> <p>If hired can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Please list your educational history including high school, any college, graduate work, as well as any previous course work applicable to the desired position.

Please list any certifications you currently have (eg. WFR, EMT, Swiftwater Rescue etc...) and any professional licenses you hold (eg. CDL, USCG etc) along with the expiration dates:

Have you ever been convicted of a felony? Yes No. If yes please explain.

WORK HISTORY FOR THE PAST 3 YEARS:

Please list your current employer, current wage, and contact information for that employer.

May we contact? Yes No

Previous employer name, address and contact information.

Previous employer name, address and contact information.

Previous employer name, address and contact information.

Previous employer name, address and contact information.

SKILL INVENTORY:

Please rate your abilities from 1 to 10 in the following categories (1 = no experience; 10 = very knowledgeable and can instruct). Attach any related comments to any category. It is not necessary for you to have high ratings in every area to be considered for employment. We seek only your honest assessment.

Interpersonal Skills, Work Habits, and Other Qualities

___ Get along with others

___ Follow the leadership of your supervisor or co-workers

___ Communicate effectively with others

___ Initiate work even when not requested

___ Work as a team member

___ Act sensibly in emergencies

___ Be cheerful when a guest complains
about the weather

___ Admit your mistakes

___ Fluency in foreign language. Languages spoken:

Natural History Knowledge and Interpretation

- Interpretation skills
- General natural history
- Alaska natural history
- Alaska cultural history
- Geology
- Plants and wildflowers
- Birds
- Mammal

Office Skills (if applicable)

- Data processing
- Typing
- Phone reception
- Sales
- Computer use (list systems used)

Outdoor Skills (for guide positions)

- Challenge Course/Canopy Tour Facilitation
- Weather Prediction
- Outdoor Equipment Maintenance
- Principles of dressing for the outdoors
- Keeping novices comfortable outdoors

- Top Rope Rock Climbing. _____
- Top Rope Ice Climbing _____
- Lead Rock Climbing. Sport _____ Trad _____
- Lead Ice Climbing
- Sea kayaking
- Glacier Travel

GENERAL QUESTIONS:

COMPLETE THIS SECTION FOR ANY POSITION. *Use extra paper if you prefer.*

1. Please describe other skills and talents that were not included in the previous questions (music, carpentry, etc.)

OUTDOOR EXPERIENCE:

Please list any relevant outdoor experience that you have including personal rafting trips, climbing accomplishments, sea kayaking expeditions, and specify whether it was a personal, guided, or professional (you were the guide) experience. You may substitute an outdoor resume in place of this section if desired.

REFERENCES:

Please list the names, titles or occupations and phone numbers of four persons unrelated to you, to serve as your references. They must be able to comment on your work-related qualifications for the position(s) that you have applied for as well as on personal qualities that may be relevant. We prefer at least two references from current or past supervisors.

- 1. Name: _____ Phone: _____ Email: _____
- 2. Name: _____ Phone: _____ Email: _____
- 3. Name: _____ Phone: _____ Email: _____
- 4. Name: _____ Phone: _____ Email: _____

OPTIONAL:

If you have anything else you would like to add in consideration of your application, please include it here. If you feel your application is complete you may leave this section blank.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING:

I understand that this is an application for employment, and that it does not guarantee that I will be offered employment with Alaska Mountain Guides Adventures, Inc. (AMGA). The information that I have provided (or will provide) in my cover letter, resume, application, and oral interviews is true and may be verified by AMGA. If I have made any false or misleading statements in my application materials, then AMGA shall have just and sufficient cause for refusal to hire, or if hired, termination.

The former employers, schools, persons, and other organizations that I have referenced in my application materials may provide AMGA any information relevant to this application. I hereby release all such parties from all liability from any damages, which may result for furnishing such information. If employed, I agree to adhere to all personnel policies set forth by AMGA. I also understand that if hired, the length of my employment is not guaranteed.

I have read, understood, and agree to the statements above.

Sign or Type Name:

Date:

SEND THIS APPLICATION WITH A COVER LETTER OF INTRODUCTION AND A CURRENT RESUME TO:

Alaska Mountain Guides Adventures, Inc.
P.O. Box 1081
Haines, AK 99827

OR send it digitally (preferred): climb@alaskamountainguides.com

WWW.ALASKAMOUNTAINGUIDES.COM

P.O. BOX 1081 HAINES, AK 99827

Toll Free 800 766 3396 – Haines, AK 907 766 3366 - Fax 907 766 3393 – Skagway, AK 907 983 3365

CONFIDENTIAL

Background Check Authorization

Print Name:

(First)

(Middle)

(Last)

Former Name(s) and Dates Used:

Current Address Since:

Addresses from last 3 years (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number:

DOB:

Telephone Number:

Driver's License Number/State:

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Alaska Mountain Guides Adventures, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Alaska Mountain Guides Adventures, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Alaska Mountain Guides Adventures, inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Pursuant to Federal Regulation 49 CFR part 40.25, I hereby authorize any and all previous employers to release Department of Transportation required controlled substances and alcohol testing information to the above named company.

I understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment may not be processed further.

Signature: _____

Date: _____