



APPLICATION FOR EMPLOYMENT

Date of Application: _____

Thank you for applying to join the dedicated team of outdoor professionals at Wind River Outdoor Company! Each question on this application should be answered fully and accurately. No action can be taken regarding this application until all questions have been answered. In the event that there is not enough room on the blanks given for your answers, please attach an additional page. Please TYPE or PRINT all answers. In reading and answering the following questions, be aware that none are intended to imply illegal preferences or discrimination based upon non-job related information.

Full Legal Name: _____
 (Last) (First) (Middle) (Maiden)

Current Address: _____
 (Street) (City) (State) (Zip Code)

Permanent Address: _____
(If different from above)
 (Street) (City) (State) (Zip Code)

Telephone: _____ **Email:** _____
 (Cell) (Home) (Work)

POSITION INFORMATION		
Position Title:		Salary Requirement: \$ _____
How did you learn of this Position? <i>(please select one):</i>		
<input type="checkbox"/> In Store <input type="checkbox"/> County 10 <input type="checkbox"/> LanderTalk <input type="checkbox"/> Current employee <i>(please list name of employee):</i> _____ <input type="checkbox"/> Other <i>(please specify):</i> _____		
What type of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <i>(how long?):</i> _____		
Have you ever applied for employment or been employed at this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, when and in what position?</i>
Do you have any relatives working for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is the relative's name?</i>

AVAILABILITY – PLEASE CAREFULLY ANSWER THE FOLLOWING		YES	NO
1	Are you willing and available to work on weekends?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you willing and available to work on holidays?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you willing and available to work overtime, if needed?	<input type="checkbox"/>	<input type="checkbox"/>
4	Wind River Outdoor Company is open seven days a week, from 8am – 6pm. Shifts may begin as early as 7am, and end as late as 7pm. Do you have any schedule constraints that would prevent you from working any WROC shifts?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have another job or any prior commitments (hours or dates) when you know you will be unable to work?	<input type="checkbox"/>	<input type="checkbox"/>
List any specific scheduling needs or preferences here, along with explanations to any “YES” answers to # 4 – 5 above.			
When can you start?			

PLEASE READ AND COMPLETE CAREFULLY		YES	NO
1	Are you legally eligible for employment in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you comfortable working in an establishment that sells firearms?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you understand the requirements of the position for which you have applied?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is there any reason that you could not adequately perform the essential duties of the job for which you have applied, with or without an accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever been fired or asked to resign from any job? If yes, please list employer, date, and reason below.	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you been convicted of any crime? <i>(Include no contest or no contender). A conviction will not necessarily bar you from employment consideration.</i> If yes, please list dates, places, charges and disposition below	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there any other names under which your employment/education records, references, and other information in this application can be verified? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" ANSWERS TO # 5 - 8. Provide specific details here, or attach another page:

EDUCATION AND TRAINING					
Type of School	Name of School	City, State	Did You Graduate?	Degree Received	Course/Major Subjects
High School					
College					
Graduate School					
Vocational / Tech					

RELEVANT OUTDOOR SKILLS / EXPERTISE					
Drawing on past personal and professional experience, please check the box that best describes your experience in each area. <i>If you have been a guide or instructor, please list any certifications.</i>					
	NONE	NOVICE	INTERMEDIATE	ADVANCED	EXPERT
Fly Fishing					
Spin/Bait Fishing					
Firearms – Long Guns					
Firearms – Hand Guns					
Archery					
Hunting					
Camping					
Backpacking					
Trail Running					
Snowshoeing					
Other (1): _____					
Other (2): _____					

ADDITIONAL SKILLS & EXPERIENCE	
Please indicate which of the following you have experience with <i>(please check all that apply)</i> :	
<input type="checkbox"/> Cash Registers <input type="checkbox"/> POS Software <input type="checkbox"/> Email <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> PDF Software <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Reel (Fishing Line) Spooling <input type="checkbox"/> Scope Mounting <input type="checkbox"/> Bow Press / Archery maintenance	
List any professional guiding experience including type of trip (fishing, hunting, backpacking, etc.), position, and number of trips (or total field instructor days):	

EMPLOYMENT HISTORY

Starting with the most recent, please list ALL paid, military, and applicable volunteer experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this Position. Complete information, including contact numbers, will assist in timely processing. Please do not write "See Resume" in any section of the Employment History.

(1) Position Title:		Responsibilities <i>(including promotions, if appropriate)</i> :		
Employer:				
Address:				
City, State Zip:				
Dates (mo/yr): to				
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Reason for Leaving <i>(be specific)</i> :		
Name of Supervisor and Phone #:		Starting Base Salary: \$	Ending Base Salary: \$	Your name if different from present:
(2) Position Title:		Responsibilities <i>(including promotions, if appropriate)</i> :		
Employer:				
Address:				
City, State Zip:				
Dates (mo/yr): to				
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Reason for Leaving <i>(be specific)</i> :		
Name of Supervisor and Phone #:		Starting Base Salary: \$	Ending Base Salary: \$	Your name if different from present:
(3) Position Title:		Responsibilities <i>(including promotions, if appropriate)</i> :		
Employer:				
Address:				
City, State Zip:				
Dates (mo/yr): to				
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Reason for Leaving <i>(be specific)</i> :		
Name of Supervisor and Phone #:		Starting Base Salary: \$	Ending Base Salary: \$	Your name if different from present:
(4) Position Title:		Responsibilities <i>(including promotions, if appropriate)</i> :		
Employer:				
Address:				
City, State Zip:				
Dates (mo/yr): to				
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Reason for Leaving <i>(be specific)</i> :		
Name of Supervisor and Phone #:		Starting Base Salary: \$	Ending Base Salary: \$	Your name if different from present:
(5) Position Title:		Responsibilities <i>(including promotions, if appropriate)</i> :		
Employer:				
Address:				
City, State Zip:				
Dates (mo/yr): to				
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Reason for Leaving <i>(be specific)</i> :		
Name of Supervisor and Phone #:		Starting Base Salary: \$	Ending Base Salary: \$	Your name if different from present:

May we contact each of the employers above listed? Yes No

If no, indicate which one(s) we MAY contact by checking the appropriate corresponding employer-numbered entry: 1 2 3 4 5

LICENSES / CERTIFICATIONS			
Please list any licenses (including driver's license), certificates or other authorizations you have to practice a trade or profession.			
NAME/TYPE OF LICENSE	LICENSE NO.	EXPIRATION DATE	ISSUED/GRANTED BY

ADDITIONAL INFORMATION (OPTIONAL)
Use this space to list any additional information you think would be helpful in evaluating your application:

PROFESSIONAL / WORK-RELATED REFERENCES					
Please list names, addresses, and relationships of at least three persons NOT related to you who know your qualifications.					
Name	Title/Company	Relationship	Email Address	Daytime Phone	Alt. Phone

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED.
APPLICATIONS RECEIVED WITHOUT A SIGNATURE WILL NOT BE PROCESSED.**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date. **I UNDERSTAND** that a consumer report may be obtained for employment purposes (including criminal, education, DMV, and employment background checks) as part of the pre-employment investigation and at any time during my employment. I understand that should this application or a criminal record check reveal a conviction, finding or plea of guilt, deferral, no contest or nolo contendere of a crime, further processing of this application or my employment, if hired, may be terminated. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against Sweetwater Food & Beverage, LLC. and any outside agency utilized by Sweetwater Food & Beverage, LLC as a result of any information that is obtained in this investigation. This application is submitted with the understanding that upon acceptance of a formal employment offer, I may be required to successfully pass pre-placement testing, which may include a drug and alcohol screen or a physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE EMPLOYER OR MYSELF.

This application for employment shall be considered active for six months. Any applicant wishing to be considered for employment beyond this time period should resubmit his/her application.

SIGNATURE: _____ **DATE:** _____

Sweetwater Food & Beverage, LLC. / DBA Wind River Outdoor Company is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, disability, genetic information, or any other legally protected status except where a reasonable, bona fide occupational qualification exists.