

JOB APPLICATION

805 SW Industrial Way, Bend Oregon 97702
541-317-9407



Tumalo Creek Kayak and Canoe is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below completely and email to: tckhumanresources@gmail.com

Applicant Contact Information

Applicant Name: _____ Date of Application: _____

Address: _____ City, State and Zipcode: _____

Telephone Number: _____ Email Address: _____

Preferred method of contact: **Voicemail** **Text** **Email**

Employment Position

Position applying for: _____ Hours desired? _____ Available start date? _____

Reliable transportation to & from work? _____ How did you hear about this position? _____

Why do you want to work here? _____

Personal Information

Have you ever applied or worked for Tumalo Creek Kayak and Canoe? If yes, when, what position?

Do you have any friends, relatives, or acquaintances working at Tumalo Creek Kayak and Canoe? If yes, state name & relationship: _____

Are you 18 years of age or older? _____ Can you provide proof of citizenship, if hired? _____

Will you consent to a controlled substance test, if hired? _____

Job Skills / Qualifications

Please list below the skills and qualifications that contribute to the position you are applying to?

(Note: Tumalo Creek Kayak and Canoe complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College / University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School / Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Most Recent Previous Employment

Employer Name: _____ **Job Title:** _____
Supervisor Name: _____ **Employer Telephone:** _____
Employer Address: _____ **City, ST:** _____ **Zip:** _____
Start date: Month _____ **Year** _____ **End Date: Month** _____ **Year** _____
Reason for Leaving: _____

Previous Employment

Employer Name: _____ **Job Title:** _____
Supervisor Name: _____ **Employer Telephone:** _____
Employer Address: _____ **City, ST:** _____ **Zip:** _____
Start date: Month _____ **Year** _____ **End Date: Month** _____ **Year** _____
Reason for Leaving: _____

Previous Employment

Employer Name: _____ **Job Title:** _____
Supervisor Name: _____ **Employer Telephone:** _____
Employer Address: _____ **City, ST:** _____ **Zip:** _____
Start date: Month _____ **Year** _____ **End Date: Month** _____ **Year** _____
Reason for Leaving: _____

References

Please provide three references. At minimum one professional or educational reference(s) that we may contact. If reference is the same contact listed for Previous Employment section, indicate here.

Include NAME, RELATION, CONTACT NUMBER

Additional Information:

List any relevant certifications and expiration dates.

Describe any previous paddling experience:

How will you help Tumalo Creek Kayak and Canoe achieve its mission to create exceptional experiences for its customers?

Oregon is an AT-WILL EMPLOYER

The relationship between you and Tumalo Creek Kayak and Canoe is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without notice, by you or Tumalo Creek Kayak and Canoe. No representative of Tumalo Creek Kayak and Canoe has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statement or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the Company’s Owner and Chief Executive Officer.

By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I consent to for former employers to be contacted regarding work records.

Signature _____ Dated _____