



TumaloCreek  
Kayak & Canoe

# JOB APPLICATION

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

Tumalo Creek 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: [hr@tumalocreek.com](mailto:hr@tumalocreek.com)

## Applicant Contact Information

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact:      Voicemail              Text              Email

Date of Application: \_\_\_\_\_

## Employment Position

Position applying for: \_\_\_\_\_ *Part time or Full time* \_\_\_\_\_

Hours desired? \_\_\_\_\_ On what date can you start working if you are hired? \_\_\_\_\_

Why do you want to work at here? \_\_\_\_\_

\_\_\_\_\_

How did you hear about this position?

Do you have reliable transportation to and from work? \_\_\_\_\_

## 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 you possess that would contribute to the position for which you are applying to?

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*(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

## **Previous Employment**

**Employer Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) that we may contact:

Name	Relationship	Contact Info

**Additional Information:**

Please list any relevant certifications and expiration dates.

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Describe any previous paddling experience: \_\_\_\_\_

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

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**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 \_\_\_\_\_