



1601 E. Sandy Lake Rd Coppell, TX 75019

**APPLICATION FOR EMPLOYMENT**  
Please Print

The information given on this form is for use by Trinity River Kayak Co.,LLC. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not in any way obligate Trinity River Kayak Co.,LLC. This application will be kept active for one month. Trinity River Kayak Co.,LLC is an Equal Opportunity Employer.

IDENTIFICATION	NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER		DATE	
	ADDRESS	CITY	STATE	ZIP	DRIVERS LICENSE NO.	PHONE NUMBERS HOME

PERSONAL	WHO REFERRED YOU TO Trinity River Kayak Co.,LLC	EMPLOYMENT DESIRED FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	DATE AVAILABLE	HOURS AVAILABLE
	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST INCLUDING BUT NOT LIMITED TO ROBBERY, EMBEZZLEMENT, FORGERY, PERJURY, TAX EVASION, ETC? IF YES, GIVE DETAILS.			FOREIGN LANGUAGE SKILLS SPEAK READ WRITE

EDUCATION	SCHOOL NAME AND LOCATION	MAJOR/MINOR	DEGREE	GRADE AVERAGE OVERALL MAJOR
	HIGH SCHOOL		DIPLOMA?	
	COLLEGE		DEGREE?	OVERALL MAJOR
	OTHER (INCLUDE SPECIAL TRAINING, MILITARY COURSES & APPRENTICESHIPS COMPLETED)			

REFERENCES	<b>PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND [LIST (3) THREE]</b>			
	NAME	POSITION & COMPANY	LOCATION	PHONE

EMPLOYMENT DATA	<b>LIST OF EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT</b>				
	NAME OF EMPLOYER	LOCATION EMPLOYED	PHONE	FROM-MO/YR.	TO-MO/YR.
	YOUR TITLE	YOUR SUPERVISOR AND TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
	REASON(S) FOR LEAVING				
	DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES				

EMPLOYMENT DATA	LIST OF EMPLOYERS NEXT MOST RECENT					
	NAME OF EMPLOYER		LOCATION EMPLOYED	PHONE	FROM-MO/YR.	TO-MO/YR.
	YOUR TITLE	YOUR SUPERVISOR AND TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?	
	REASON(S) FOR LEAVING					
	DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES					

EMPLOYMENT DATA	LIST OF EMPLOYERS NEXT MOST RECENT					
	NAME OF EMPLOYER		LOCATION EMPLOYED	PHONE	FROM-MO/YR.	TO-MO/YR.
	YOUR TITLE	YOUR SUPERVISOR AND TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?	
	REASON(S) FOR LEAVING					
	DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES					

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	NAME OF EMPLOYER		LOCATION EMPLOYED	PHONE	FROM-MO/YR.	TO-MO/YR.
	YOUR TITLE	YOUR SUPERVISOR AND TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?	
	REASON(S) FOR LEAVING					
	DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES					

I agree to be examined by the employer's physician, at the employer's expense, if requested to do so. Furthermore, if for Trinity River Kayak Co.,LLC investigative purposes, either in connection with consideration of this application or at any time during my employment, I am requested to submit to a polygraph examination, I agree to do so. I understand that failure to agree to a polygraph examination pursuant to any Trinity River Kayak Co.,LLC investigation is cause for dismissal.

In the event of any appointment to a position, I shall conform to company policies and procedures. Should I accept a position with the company, I will have the right to terminate my employment at any time, for any reason. I agree that the company reserves the same right.

It is understood and agreed that any misrepresentation, omission or false statement by me in this application will be sufficient cause for cancellation of consideration for employment or separation from the company's service if I have been employed.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_