



# APPLICATION FOR EMPLOYMENT AS WILDERNESS GUIDE

Please answer all questions in order to be considered for employment.

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, sex, disability, national origin, or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law.

Name:		
Address:		
City, State, Zip:		
How long have you lived at this address?		
Are you 18 years old or older?	Yes	No

Date:	
Phone:	
Email:	

If no, List date of birth:	
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Please list any previous names used, including maiden name if applicable:			
Have you ever been convicted of a crime, either misdemeanor or felony? <small>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</small>		Yes	No
Do you have reliable transportation?	Yes No		
Are you authorized to work in the U.S.?	Yes No		
Position to which you are applying :	Date you can start:	Wage desired:	
Check the type of position you would prefer:	Full-time	Part-time	Temporary
How did you hear about the position?	Advertisement	Recruitment	Wis. Job Center/ Job Net
Can you perform this job with or without accommodation?	Yes	No	List any accommodations:
Were you referred by a Wilderness employee?	Yes	No	If yes, please list name and department.
Have you ever applied to this company before?	Yes	No	If yes, please list dates and position?
Have you ever been employed by this company?	Yes	No	If yes, please list dates and position?
Do you have an immediate family member(s) currently employed, or have ever been employed in the past, with this company?	Yes	No	If yes, who is the immediate family member(s) and when were they employed at the Wilderness?
Are you now employed?	Yes	No	If yes, may we contact your current employer?

## EDUCATION

	Name, City and State of School:	Grade or Degree Completed:	Did you graduate? (Please circle one)
High School:			
College or University:			
Others (Specify):			

## PREVIOUS WORK EXPERIENCE

(LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.)

Employment Company Name, Address & Phone	Company Business	Your Position	Your Immediate Supervisor's Name and Title	Length of Employment and Wage		Reason for Leaving
				Start Date:	End Date:	
				Starting Wage:	Ending Wage:	
Job Duties:						

Employment Company Name, Address & Phone	Company Business	Your Position	Your Immediate Supervisor's Name and Title	Length of Employment and Wage		Reason for Leaving
				Start Date:	End Date:	
				Starting Wage:	Ending Wage:	
Job Duties:						

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				Start Date:	End Date:	
				Starting Wage:	Ending Wage:	
Job Duties:						

*Please read over your application carefully. Incomplete applications will NOT be considered.*

<p><b>Authorization Statement</b></p> <p>I certify that I have read and agree to the above and that all information I have provided on this application and in the hiring process is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts, or falsified statements on this application shall be grounds to remove me from consideration for employment or, if I am hired, grounds for my immediate termination. I authorize the Wilderness to investigate of all information on this application, including contacting all references and employers listed, and to investigate other information that may be relevant to my employment with the Wilderness. I authorize all third parties to give the Wilderness all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for employment. I release all such parties from all liability for any damage that may result from providing such information and I further release the Wilderness from all liability for any damage that may result from utilization of such information in connection with my application for employment or employment itself. If employed, I understand and agree that such employment will be at will, and may be terminated at any time, without prior notice, and that no one in the Company has authority to enter into any agreement for employment of a specified time. I understand that the Wilderness is a drug free workplace and I will be subject to drug and or alcohol testing in accordance with the Company's policies. I also understand and agree that that, if employed, the Wilderness may monitor my use of the Company's electronic equipment and systems at any time without prior notice.</p> <p>I understand this application will remain on file for one year for consideration. After one year, if I am still interested in a position with the Wilderness Resorts, it will be necessary for me to complete a new application form.</p>			
I have read these statements and answer to these inquires.		Yes	No
Signature:		Date:	

**Please print and complete this application and mail to:**  
 Wilderness Resort, Attn: Human Resources, PO Box 830, Wisconsin Dells, WI 53965  
**Or e-mail to: [jobs@wildernessresort.com](mailto:jobs@wildernessresort.com)**