



Employment Application

Desert Adventures (Kayak Las Vegas, Inc) is an equal opportunity employer. All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related handicap or any other legally protected status.

Position Sought: River Guide Hiking Guide Biking Guide Shuttle Driver CPR/WFR Instructor Office Warehouse

How did you learn about the position? Website Friend Zip Recruiter Indeed Facebook Other _____

Name: _____ Date: _____

Address: _____ [Street] _____ [City] _____ [State] _____ [Zip]

Cell Phone: _____ Email: _____

Driver's License#: _____ State: _____ Expires: _____ Available Start Date: _____

- Our Guides must meet a minimum age requirement. Are you currently 21 or older? Yes No
- Our Drivers must meet a minimum age requirement. Are you currently 25 or older? Yes No
- USDOT requires driver applicants to list date of birth: ____/____/____ and Social Security #: ____-____-____
mm / dd / yyyy

AVAILABILITY							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Are you a U.S. citizen, or are you authorized to work in the U.S. without any restriction? Yes No

Have you ever been terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

Note: In alignment with the "Ban the Box" initiative and Fair Chance legislation, we do not ask about felony convictions. If you are offered a position and have felonies that may show up on your post-offer background check, we can discuss those at that time.

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

If selected for employment, are you willing to submit to a pre-employment background check? Yes No

This is a non-smoking workplace. If hired, are you willing to comply during scheduled shifts? Yes No

EDUCATION				
School Name	Location	# Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

Other than English, what languages do you speak or write fluently? _____

What outdoor activities do you enjoy and engage in regularly? _____

List other information pertinent to the employment you are seeking: _____

(Please begin with most recent)

EMPLOYMENT HISTORY

1. Employer _____ Job Title _____
 Dates Employed _____ to _____ Pay Rate _____
 Address _____
 Supervisor _____ Title _____ Phone _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer _____ Job Title _____
 Dates Employed _____ to _____ Pay Rate _____
 Address _____
 Supervisor _____ Title _____ Phone _____
 Duties Performed _____
 Reason for Leaving _____

3. Employer _____ Job Title _____
 Dates Employed _____ to _____ Pay Rate _____
 Address _____
 Supervisor _____ Title _____ Phone _____
 Duties Performed _____
 Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For internal use only

Applicant Screened by: _____

1st Interview scheduled with: _____ Date/ Time: _____ Calendar

2nd Interview scheduled with: _____ Date / Time: _____ Calendar

Offered Position? Yes No

Next Steps:

Drug Test (\$60) Receipt #: _____ Date / Time: _____ Calendar

Drug Test Results Pass Fail

Background Check Pass Fail

DOT Physical / DMV Driver History

Orientation Date: _____ Calendar

Told to bring: Driver License 2nd Form I.D. Direct Deposit Info Covid Vaccine Current Certifications