NORTH GEORGIA CANOPY TOURS

Georgía's Ultimate Zipline - A Treetop Adventure 5290 Harris Road, Lula, Georgia 30554 (770) 869-7272

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4 PRINTING ALL INFORMATION REQUESTED EXCEPT SIGNATURES:						
Name						
Address						
How long at this address?						
	Cell phone # ()					· · · · · · · · · · · · · · · · · · ·
List age if under 18:						
Positions applying for:	1)					
Salary desired:		Days/hours a	vailable to w	ork:	Months not a	vailable to work:
How many hours can you						
Can you work evenings?		Mon	Fri			
Employment desired:	Full Time	Tues	Sat		I am available	e 12 months
	Part time	Wed	Sun	·····		
Do you smoke?	Yes No					
	_	_				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCA	TION	ON YEARS CO		MAJOR & DEGREE
High School						
College						
Other Education						
HAVE YOU EVER BEEN	CONVICTED OF A CRII	ME?		Yes		No
If yes, explain all conviction	ons, nature of offenses le	ading to convict	tions, date o	f convictions	, where commi	itted, sentences
imposed, and type of reha		_				
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NORTH GEORGIA CANOPY TOURS - APPLICATION FOR EMPLOYMENT - page 2 Do you have a valid driver's license? Yes ☐ No Driver's license number: _____ State of issue: _____ Expiration date: _____ Commercial Regular operators Chauffeur Type of license: What is your means of transportation to work? Have you had any accidents during the past three years? Yes ☐ No How many? Have you had any moving violations during the past three years? Yes ☐ No How many? _____ ls there any physical disability that would prevent you from fully performing the duties of the job for which you are applying? (Each position requires a different level of physical abilities.) Yes Describe if Yes: Have you ever filed for bankruptcy? __ Do you have any outstanding judgments against you? Please list two personal references below: Name of reference _____ Name of reference _____ Company name ______ Company name_____ Address ___ Address _____ Telephone number _ Telephone number _ An application form sometimes does not have space for an individual to adequately summarize a complete personal background. Use the space below to tell us any additional information that might be useful in describing your qualifications for the specific position(s) which you are applying.

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	<u>MILITARY</u>				
Have you ever been in the armed forces?	Yes No Are you currently in the	e national guard? es p			
Specialty:	Date entered:	Discharge date:			
Did you receive an honorable discharge?					
	WORK EXPERIENCE				
Please list your work experience beginning wit	h your most recent job held, including	self employment.			
Attach additional sheets or a resume if necess	eary.				
Name of employer	Name/position of last supervisor	r			
Address	Employed from	to			
	Pay or salary starting	final			
Telephone number	Your last job title				
Specific reason for leaving:					
List the positions you held, duties performed, s	skills used or learned, advancements o	or promotions earned while at this job:			
Name of employer	Name/position of last supervisor				
Address	Employed from	to			
	Pay or salary starting	final			
Telephone number	Your last job title				
Specific reason for leaving:					
List the positions you held, duties performed, s	skills used or learned, advancements of	or promotions earned while at this job:			
Name of employer	Name/position of last supervisor	r			
Address	Employed from	to			
	Pay or salary starting	final			
Telephone number	Your last job title				
Specific reason for leaving:					
List the positions you held, duties performed, s	skills used or learned, advancements of	or promotions earned while at this job:			
· · ·		· 			

APPLICATION WAIVER FORM - PLEASE READ CAREFULLY

In exchange for the consideration of my job application to North Georgia Canopy Tours (hereinafter called "the Company"), I agree to the following:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and reguardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Company. Both the undersigned and the Company may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, law enforcement agencies, bureau of motor vehicles, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment: (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related health guestionnaire and/or physical examinations.

I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics. and mode of living. Upon written requests from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days from the date of first reporting to work, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

The company provides a tobacco free/smoke free working environment. The use of tobacco products is limited to remote designated areas. Non-compliance with this policy can result in termination of employment.

SIGNATURE OF APPLICANT	DATE

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest	et in North Georgia Canony Tourel
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