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Ρ	Co. Box 907 • Kings Canyon Nation				<b>– –</b>
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	Park Service. In compliance s are considered for all position				
	ital status or veterans status y, per the Americans with Disat				
commo	odation, please notify Human	Resources. Kir	igs Ca	inyon Park	Services Co. conducts
	ent drug testing on all prospe ings Canyon Park Services Co.				
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	Address:	•	•		
	Street	City, S	State, Zip	Code	
Phone	Number: ( )	Mes	sage N	umber: (	
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From	Name & Address of Employer	Phone Number	Start Wage	Reason for Leaving
То	Duties		End Wage	Position

#### **Previous Addresses**

Please list all previous addresses for the last 5 years, starting with your present address.

Street	City	State	Zip Code	Years of Residence
Please indicate any other name(s) by which you I	have been known:	I	1	1

For accurate background verifications it is necessary to request the MONTH and DAY of your birth:	/	
	(Month)	(Dav)

### Skills and Abilities

Indicate experience you may have in the following skill areas pertinent to the positions for which you are applying.

Current CPR Card	Current EMT	[]	Current First Aid Card
Cash Handling	_ Months experience	ָּנַ <b>ו</b>	Current Life Saving Certificate
[] Supv / Mgmt	Months experience	נ <u>ו</u>	Cooking Months experience
Data Entry Speed	(keys / min)	ָּנַ <b>ו</b>	PBX Systems / Switchboard
[] Typing Speed	_ (wpm)	[]	Data Processing / Computers / PC

### References

Please list the names of persons whom we may contact to verify your qualifications for the positions for which you are applying:

Address	Occupation	Phone Number
	Address	Address     Occupation       Image: Comparison of the second secon

Please provide a name and contact information to be used in case of emergencies:

Emergency Contact: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

# **Education and Training**

High School	Location	Graduated?	Type of Degree	Field of Study
College	Location	Graduated?	Type of Degree	Field of Study
University	Location	Graduated?	Type of Degree	Field of Study
Other Training	Location	Graduated?	Type of Degree	Field of Study

## **Business or Professional References**

Name	Years Known	Occupation	Address	Phone Number

## Qualifications

List any job-related skills that you would be bringing to the position(s) for which you are applying:

Describe any qualifications you feel would help you contribute to better job performance:

Tell us anything about yourself that you feel may help us in considering you for employment (ie: Hobbies, interests, etc.):

Do you have any relatives currently em If yes, who?				
Have you ever been employed by Kings If yes, when?				
Upon an offer of employment, can you	submit proof of your age and/or you	r authorization to work in th	e United Stat	es? [ ] Yes [ ] No
Have you ever been convicted of a c marijuana related offenses more than to [] Yes [] No If yes, briefly describe	wo years old and misdemeanor con	victions for which probation	n was complet	ed and the cases dismissed)
Kings Canyon Park Services Co. will r Kings Canyon Park Services Co., howe is/are relevant to the duties of the positi	ver, may consider the nature, date a	,		
For driving positions only: Drivers Licer	nse Number:	State:	_ Class:	Expiration Date:
You must be 18 to live in company hour	sing. Will you require company hou	sing? [ ] Yes [ ] No	Will you b	ring an RV?[]Yes []No
Referral Source: [] Newspaper School []		_ [] Employment Office	[] Othe	

#### CERTIFICATION

School [] \_\_\_\_\_ [] Internet Site

#### Applicant: PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

I understand that as a condition of employment. I will be requested to cooperate in testing for the presence of drugs and/or alcohol in my system. I agree to this condition to cooperate at such reasonable time and manner designated by Kings Canvon Park Services Co. and I further agree to sign all necessary authorization forms in connection with such testing. I further understand adhering to Kings Canyon Park Services Co.'s growing policy is a condition of employment and I agree, if hired to this condition:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between myself and Kings Canyon Park Services Co. In addition, I understand and agree that if I am hired, my employment is for no definite or determinable period and may be terminated at any time, with or without notice or cause, at the option of either myself or Kings Canyon Park Services Co. and that no promise or representations contrary to the foregoing are binding on Kings Canyon Park Services Co. unless made in writing and signed by me and an authorized representative of Kings Canyon Park Services Co.

I hereby authorize Kings Canyon Park Services Co. and/or the NPS to thoroughly investigate my references, work record, education, criminal background and other matters related to my suitability for employment and further authorize the references I have listed to disclose the Kings Canyon Park Services Co. and/or NPS, my former employers and all other persons, corporations, partnerships, governmental agencies and associations from any all claims, demands or liabilities arising out of, or in any way related to, such investigations or disclosure. KCPS will conduct itself with compliance under the Fair Credit Reporting Act and other applicable laws.

Print Name:			
Date://	Sc	ocial Security Number:	//
	COMPLETE THIS SECTION For Official Use Only		
Interviewed By:			Date://
Hire Date:/ Position:	Branch:	Dept.:	Location
Start Date:/ Wage/Salary:	[] Hourly [] Monthly E	mployee Badge Numb	er:
Immediate Supervisor:	Area Manager:		
Immediate Supervisor Informed? [] Yes [] No			
Drug Testing Scheduled? [] Yes [] No Test Facility:		Тез	st Date://