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### **Employment Application for**

**Sky Tours Zipline Tour Guide**

 *Sky Tours is a wholly-owned project of the Dubuque Community Y. All profits resulting from its operation are used to advance the mission of the Y in the Dubuque community.*

**Sky Tours:** 11764 John F. Kennedy Road | Dubuque, IA | 563.484.4248 | SkyToursZipline@gmail.com

**Dubuque Community Y:** 35 North Booth | Dubuque, IA | 563.556.3371

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| --- |
| personal Information |
| Last Name |  | First |  | M.I. | Date |  |
| Home Address |  |  |
| City |  | State |  | Zip |  |
| Phone |  | E-mail Address |  |
| Social Security No. |
| School Address |  |
| City | State | Zip |
| Will you be over 18 years old by April 1? | YES [ ]  | NO [ ]  |  |  |
| Will you be over 21 years old by April 1? | YES [ ]  | NO [ ]  |  |  |
|  |
| information release |
|  I have applied for employment at Sky Tours Zipline @ YMCA Union Park Camp by completing an application form. I understand that employees of Sky Tours Zipline may wish to contact my former employers, teachers, and references as indicated on the application to inquire about my past work record and characteristics as they relate to the position for which I am applying. I hereby allow Sky Tours Zipline agents to make reference checks and background checks as pursuant to this application. I understand that the purpose of this inquiry will be to obtain information so that my qualifications will be reviewed, evaluated, and considered. In signing this waiver, I expressly authorize Sky Tours Zipline agents to make these inquiries. This information will be kept confidential. I authorize Sky Tours Zipline and the Dubuque Community Y to make state and federal background criminal record and driving record checks along with agreeing to participate in random drug tests. |
| Signature | Date |
|  |
| References |
| Please list three professional references. [**Please inform the individuals that we will be contacting them.**] |
| Full Name |  | Relationship |  |
| Company and Position |  | Phone | ( ) |
| Email Address |  |
| Full Name |  | Relationship |  |
| Company and Position |  | Phone | ( ) |
| Email Address |  |
| Full Name |  | Relationship |  |
| Company and Position |  | Phone | ( ) |
| Email Address |  |

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| Job information |
| How did you learn about Sky Tours Zipline? |
| Please describe in detail how many hours you are looking to work per week and what your availability will be throughout the week. |
| Hours per week: |
| Monday |
| Tuesday |
| Wednesday |
| Thursday |
| Friday |
| Saturday |
| Sunday |
| What date are you available to start? |
| What date will you no longer be available to work? |
| Please describe any zipline/high ropes/camping experience that you may have, including resident/day camps, years of experience, positions held, etc. |
| Please answer on a separate page (or document) each of these questions to the best of your ability and return with your application:1. What is your understanding of the job description of a zipline tour guide?2. What do you think will be the 3 most challenging aspects of the role?3. What do you think will be the 3 most enjoyable aspects of the role?4. Why do you want to work at Sky Tours Zipline?5. What makes you the best person for this job? |
|  I understand that, if offered a position at Sky Tours Zipline, I will be permitted to work only upon providing the Dubuque Community Y with documentation establishing my identity and legal authorization for employment in the United States (examples include a social security card, valid driver’s license, citizenship papers, valid visa, or a work permit.) I attest that the information supplied on this application is true and correct. In signing this, I declare my intention to abide by all personnel policies as set forth by the Dubuque Community Y and the Sky Tours Zipline.  |
| Signature | Date  |
|

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| **LICENSES AND CERTIFICATIONS** |
| Driver’s License Number | State | Renewal Date |
| Certification | Renewal Date |
| Certification | Renewal Date |

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|  |
| sending your application |
| Please send your completed application using one of the methods below. [**Reminder:** Make sure you complete and include the answers to the five(5) questions above.] Thank you for your interest in employment as a Sky Tours tour guide. We look forward to hearing from you!* ***By email.*** Save a copy of the completed form [e.g., Sky Tours App (your name)], then attach to an email and return to: SkyToursZipline@gmail.com **OR**
* ***By regular mail.*** Print and mail to: Sky Tours @ YMCA Union Park Camp | ATTN: Kevin Hougham | 35 North Booth | Dubuque, IA 52001 **OR**
* ***By printing, scanning, and emailing*** to: SkyToursZipline@gmail.com **OR**
* ***By printing and faxing to***: 563.556.2728.
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