



# Liquid Descent

white water rafting

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## EXPERIENCED RIVER GUIDE APPLICATION FOR EMPLOYMENT

Liquid Descent is an equal opportunity employer. The Company does not discriminate on the basis of age, race, color, religion, sex, ancestry, creed, national origin, individuals with disabilities, marital status, sexual and affection preferences, or any other type of discrimination prohibited by any local, state or federal law.

Date: \_\_\_/\_\_\_/\_\_\_ Job applying for: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Social Security #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Have you worked as a river guide before? YES NO (If yes, fill out the block below)

Company: \_\_\_\_\_ Seasons/Years Worked: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
River: \_\_\_\_\_ Section: \_\_\_\_\_ No. of Trips: \_\_\_\_\_  
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River: \_\_\_\_\_ Section: \_\_\_\_\_ No. of Trips: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Seasons/Years Worked: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
River: \_\_\_\_\_ Section: \_\_\_\_\_ No. of Trips: \_\_\_\_\_  
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River: \_\_\_\_\_ Section: \_\_\_\_\_ No. of Trips: \_\_\_\_\_  
River: \_\_\_\_\_ Section: \_\_\_\_\_ No. of Trips: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### Other employment information

From	To	Employer & position (post)	Reasons for departure
From	To	Employer & position (post)	Reasons for departure
From	To	Employer & position (post)	Reasons for departure

## Education

From	To	Name of University and Major Subject	Diploma, degree or certificate granted

Other training, knowledge or experience relevant to the position you are applying for?

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Where did you hear about Liquid Descent?

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Why do you want to work for Liquid Descent?

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What current First Aid certifications and/or rescue certifications do you hold?

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Describe any medical or emotional conditions, or physical limitations you have that may require us to make accommodation for given that our trips take place on rivers remote from medical facilities, and given that river work requires demanding physical and emotional performance in difficult environments and under extreme conditions.

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Have you ever worked as a Safety Kayaker? Please describe.

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Describe your driving experience. (Vehicles, trailers, citations, accidents, etc.)

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Read the following statement carefully, Answer the last question and sign.

**Disclaimer**

This application is intended to provide information for evaluating your suitability for employment. It is not intended to be, nor may it be construed to be, a contract of employment of any type whatsoever.

Notification of Physical Lifting Requirements:

Many of our jobs require lifting from 0 to 50 lbs. routinely and up to 80lbs. occasionally. Some jobs may require lifting up to 100 lbs. on a rare to occasional basis.

**Affidavit**

I certify that the answers given by me in the foregoing questions and statements are true and correct without omissions of any kind. I authorize the U.S. Government, companies, schools or persons named above to give any information they may have regarding my employment, separation or discharge together with any information they may have regarding me whether or not it is in their records. I understand and agree that a false statement herein is grounds for denial of employment, or basis for dismissal if already employed. It is further understood that my employer will not be responsible for any of my property lost, stolen or damaged.

Have you been convicted of a crime within the last seven years? YES NO

If yes, please give details. \_\_\_\_\_

I authorize Liquid Descent to make a complete investigation of all statements contained on my application. I understand that any offer of employment is conditioned upon the satisfactory completion of this verification process and further interviews and/or satisfactory completion of training programs. I understand that Ouzel Outfitters will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

SIGN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

