

# Riverside Canoes- Employment Application

Please return form to riversidecanoes@gmail.com or mail to:

Riverside Canoes

5042 N Scenic Hwy, Honor, MI 49640

(231)-325-5622

GENERAL INFORMATION			
TODAY'S DATE	DATE AVAILABLE FOR WORK	POSITION DESIRED	SALARY DESIRED
NAME: LAST	FIRST	MIDDLE	TELEPHONE: (HOME) (CELL)
STREET ADDRESS: HOME		STREET ADDRESS: SUMMER	
CITY	STATE	ZIP	CITY STATE ZIP
HAVE YOU EVER APPLIED TO/WORKED FOR RIVERSIDE BEFORE? ____ YES ____ NO IF YES, PLEASE EXPLAIN (INCLUDE DATE): _____		DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED AT RIVERSIDE? ____ YES ____ NO IF YES, STATE NAME AND RELATIONSHIP: _____	
HOURS OF OPERATION ARE FROM 8 AM to 10 PM/ 7 DAYS A WEEK.  ALTHOUGH EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCES WILL BE MADE. BUSINESS NEEDS MAY REQUIRE MANY OR ALL OF THE FOLLOWING: A ROTATING WORK SCHEDULE, SATURDAYS AND SUNDAYS, AND OVERTIME.  ARE YOU OK WITH THIS? ____ YES ____ NO IF NO, PLEASE EXPLAIN : _____		ARE YOU INTERESTED IN: FULL TIME _____ PART TIME _____ MORE THAN ONE SUMMER ____ YES ____ NO	
		ARE YOU AVAILABLE: FOR TRAINING MID JUNE ____ YES ____ NO MEMORIAL DAY/WEEKEND ____ YES ____ NO LABOR DAY /WEEKEND ____ YES ____ NO ALL WEEKENDS IN JULY AND AUGUST ____ YES ____ NO IF NO, EXPLAIN: _____	
		AGE (IF YOU ARE UNDER 18 YOU HAVE TO PROVIDE A WORK PERMIT BEFORE STARTING WORK)  ARE YOU AT LEAST 18 YRS OLD ____ YES ____ NO  IF NO, PLEASE STATE YOUR AGE _____	

PROFESSIONAL REFERENCES-LIST PERSONS FAMILIAR WITH YOUR WORK ABILITY (EXCLUDE RELATIVES)			
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG

**EDUCATION AND TRAINING**

	NAME & LOCATION	YEARS ATTENDED	GRADUATION DATE	SUBJECTS STUDIED	EXTRA CURRICULAR ACTIVITIES
HIGH SCHOOL					
COLLEGE					
ADDITIONAL TRAINING					

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL YOU COULD BRING TO RIVERSIDE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE (START WITH CURRENT EMPLOYER AND CONTINUE WITH FORMER EMPLOYERS)**

ARE YOU PRESENTLY OR HAVE YOU PREVIOUSLY BEEN EMPLOYED? \_\_\_ YES \_\_\_ NO

IF YES, MAY WE CONTACT THESE EMPLOYERS? \_\_\_ YES \_\_\_ NO

EMPLOYER #1			EMPLOYER #2		
ADDRESS:	STREET	CITY	STATE	ZIP	ADDRESS: STREET CITY STATE ZIP
PHONE:	POSITION:	FINAL SALARY:	PHONE:	POSITION:	FINAL SALARY:
DATES OF EMPLOYMENT: FROM: TO:			DATES OF EMPLOYMENT: FROM: TO:		
REASON FOR LEAVING:			REASON FOR LEAVING:		
EMPLOYER #3			EMPLOYER #4		
ADDRESS:	STREET	CITY	STATE	ZIP	ADDRESS : STREET CITY STATE ZIP
PHONE:	POSITION:	FINAL SALARY:	PHONE:	POSITION:	FINAL SALARY:
DATES OF EMPLOYMENT: FROM: TO:			DATES OF EMPLOYMENT: FROM: TO:		
REASON FOR LEAVING:			REASON FOR LEAVING:		

**ADDITIONAL INQUIRIES**

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYER?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST?  YES  NO

IF EMPLOYMENT IS OFFERED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? \_\_\_\_\_

DO YOU HAVE A VALID OPERATOR'S LICENSE?  YES  NO

IF YES, PLEASE LIST THE STATE IT WAS ISSUED IN AND THE NUMBER: \_\_\_\_\_

IF EMPLOYMENT IS OFFERED, YOU MAY BE REQUIRED TO DRIVE COMPANY VEHICLES; DO YOU HAVE ANY TRAFFIC VIOLATIONS?  YES  NO

DO YOU HAVE ANY POINTS ON YOUR CURRENT LICENSE?  YES  NO

HAVE YOU BEEN IN ANY AUTO ACCIDENTS WHILE YOU WERE DRIVING?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES)?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE DATE OF THE OFFENSE, THE NATURE OF THE OFFENSE, INCLUDING ANY SIGNIFICANT DETAILS THAT AFFECT THE DESCRIPTION OF THE EVENT, AND THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED)

**JOB FUNCTIONS:**

LIFTING AND CARRYING 40 - 60 POUNDS, FREQUENT BENDING, KNEELING, REACHING, STANDING FOR LONG PERIODS OF TIME, CARRYING STOCK UP AND DOWN STAIRS, ANSWERING THE TELEPHONE AND ASSISTING CALLERS, GREETING CUSTOMERS AND SALESMEN, PROBLEM-SOLVING, WITHSTAND SUMMER TEMPERATURES, AND CASH HANDLING/REGISTER.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION?  YES  NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF HIRED DO YOU HAVE TRANSPORTATION TO AND FROM WORK?  YES  NO

WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOB OR SCHOOL EXPERIENCES?

\_\_\_\_\_  
\_\_\_\_\_

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- IF HIRED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL. THIS MEANS THAT I DO NOT HAVE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR DURATION OR LIMITING THE GROUNDS FOR MY TERMINATION IN ANY WAY. I AM FREE TO RESIGN AT ANY TIME. SIMILARLY, THE COMPANY IS FREE TO TERMINATE OR CHANGE THE TERMS AND/OR CONDITIONS OF MY EMPLOYMENT AT ANY TIME FOR ANY REASON OR NO REASON. IN ADDITION, RIVERSIDE CANOE TRIPS, IS DESIGNATED AS A SEASONAL EMPLOYER. WITH THIS NOTICE, UNEMPLOYMENT BENEFITS WILL NOT BE SUPPORTED.
- I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TO FALSIFY INFORMATION IS GROUNDS FOR REFUSING TO HIRE ME, OR MAY RESULT IN DISCHARGE, SHOULD I BE HIRED.
- I AUTHORIZE ANY PERSON, ORGANIZATION OR COMPANY LISTED ON THIS APPLICATION TO FURNISH YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATIONAL AND QUALIFICATIONS FOR EMPLOYMENT. I ALSO AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION.
- I AGREE TO PROTECT THE COMPANY'S CONFIDENTIAL INFORMATION , TRADE SECRETS, AND OTHER PROPRIETARY INFORMATION AND WILL NOT REVEAL SUCH INFORMATION TO ANYONE AT ANY TIME DURING OR AFTER CESSATION OF MY EMPLOYMENT
- I UNDERSTAND THAT THE COMPANY WILL NOT EMPLOY PERSONS WHO USE ILLEGAL DRUGS OR ENGAGE IN SUBSTANCE ABUSE, AND THAT THE COMPANY RETAINS THE RIGHT TO SCREEN FROM EMPLOYMENT SUCH INDIVIDUALS. THE USAGE OR POSSESSION OF ANY ILLEGAL SUBSTANCES WHILE EMPLOYED AT RIVERSIDE COULD BE REASON FOR DISMISSAL AND FORFEITURE OF ANY ACCUMULATED COMMITMENT BONUS MONEY.

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SIGNATURE OF APPLICANT

DATE

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**DO NOT WRITE BELOW THIS LINE**

HIRING PERSONNEL: COMPLETED ONLY AFTER AN OFFER OF EMPLOYMENT IS MADE				
INTERVIEWED BY:			DATE:	
JOB TITLE:	FT OR PT	HOURLY OR SALARIED	RATE (ONLY IF HOURLY)	START DATE
DATE OF BIRTH		MALE OR FEMALE	SOCIAL SECURITY NUMBER	

# DRIVER POLICY

Employees assigned to driving duties ("drivers") must at all times meet the following criteria:

- Drivers must have a current, valid chauffeur's driver's license for the state in which the employee performs his or her driving duties; and
- Drivers must maintain a clean driving record, i.e., must remain insurable under our company's liability insurance policy.

Any employee driving a Company vehicle or driving on Company business must observe all safety, traffic, and criminal laws of this state. No driver may consume alcohol or illegal drugs while driving a Company vehicle, while on Company business, while in a Company vehicle, or prior to the employee's shift if such consumption would result in a detectable amount of alcohol or illegal drugs being present in the employee's system while on duty. In addition, no driver may consume or use any substance, regardless of legality or prescription status, if by so doing, the driver's ability to safely operate a motor vehicle and carry out other work-related duties would be impaired or diminished. No driver may pick up or transport non-employees while in a Company vehicle or on Company business, unless there is a work-related need to do so. Any illegal, dangerous, or other conduct while driving that would tend to place the lives or property of others at risk is prohibited.

Anything a driver does in connection with the operation of motor vehicles can affect that driver's fitness for duty or insurability as a driver. Regardless of fault, circumstance, on- or off-duty status, time, or place, any driver who receives a traffic citation from or is arrested by a law enforcement officer, or who is involved in any kind of accident while driving, must inform an appropriate supervisor about the incident immediately or as soon as possible thereafter. Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with such an incident must be reported immediately to an appropriate supervisor. In both of the above situations, the matter will be reported to the Company's insurance carrier so that a prompt decision on continued coverage of the employee can be made. The driver involved in an accident or cited by a law enforcement official for violating a motor vehicle law must turn over any documentation relating to such incident as soon as possible to the employer, and must cooperate fully with the employer in verifying the information with other parties involved and with law enforcement authorities. While parking tickets will not affect a driver's insurability, any parking ticket issued on a vehicle that is being used for company business should be reported to an appropriate supervisor at the earliest possible opportunity.

Any employee who violates any part of this policy, or who becomes uninsurable as a driver, will be subject to reassignment and/or disciplinary action, up to and possibly including termination from employment. All employees with driving duties must sign the following agreement:

I have read and understand the Company's Driver Policy, and I agree, in the event that I am ever found to be uninsurable, or that I lack a clean driving record or a valid and current driver's license, that if necessary, I will accept whatever alternative assignment the Company may give me and that I understand that a reduction in pay, change in hours, change in duties, and/or change in work location may result from the reassignment. I further understand that the Company does not and cannot guarantee that any particular reassignment will be available in the event of a problem with my driver's license, driving record, or insurability as a driver and that if no reassignment is possible, termination of my employment may occur.

/signed/

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Employee

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Date