



3253 West 11975 South Riverton, UT 84065
Dave Ward (801)859-3505

I. Applicant Personal Information

Employees are required at the minimum to:

Be at least 20 years of age
Have a high school degree or equivalent
Have current CPR & First Aid certifications
Provide 3 Letters of Recommendation

Pass an annual physical exam
Pass drug and alcohol screening tests
Pass a federal criminal background check

Name: _____ Date of Application: ____/____/____

Social Security #: ____-____-____ Driver's License #: _____ ST: _____

Date of Birth: ____/____/____ Married Single

Current Address: _____

City: _____ State: _____ Zip: _____

Phone #(s) Home: _____ Work: _____ Cell: _____

E-mail Address: _____

How did you hear about us? _____

Date available to begin: ____/____/____ How long are you available? _____

Have you applied or worked with us before? Yes No If yes, when: _____

Have you ever been convicted of a felony? Yes No If yes, please give details: _____

How do you think you can contribute to Aspiro? _____

II. Education

Name: _____

Name of School	Location	Dates Attended	Diploma
High school:		From: To:	Y / N
College: Major:		From: To:	Y / N
College: Major:		From: To:	Y / N
College: Major:		From: To:	Y / N

If you require additional space, please attach a separate page to this application.

List any other military, trade, or business education: _____

Please describe any other training you have had that might be beneficial to this job: _____

Please briefly describe any experiences you have had working with youth, youth at-risk, or individuals with chemical dependence issues, etc. _____

IV. Employment History

Name: _____

Please list your employment history in order, starting from most recent employment.

Name of Employer	Address/ Phone #	Dates Employed	Position	Reason for Leaving
#1 Supervisor:	Address: Phone #:	From: To:		
#2 Supervisor:	Address: Phone #:	From: To:		
#3 Supervisor:	Address: Phone #:	From: To:		
#4 Supervisor:	Address: Phone #:	From: To:		
#5 Supervisor:	Address: Phone #:	From: To:		

Are there any employers that you do not wish us to contact? Yes No If yes, indicate which employers and please explain.

I give permission to Aspiro to contact my former employers for reference and work history information:

Signed: _____

V. Skills

Name: _____

Using the following key, please place a #1-4 next to each item, indicating your level of experience.
1=expert level, 2=very experienced, 3=some experience, 4=no experience

- | | |
|---------------------------|------------------------------------|
| _____ Backpacking | _____ Making Shelters |
| _____ Camping | _____ Expedition Planning |
| _____ Rock-Climbing | _____ Route Finding |
| _____ Rappelling | _____ Wilderness Medicine |
| _____ Winter Camping | _____ Ropes Course |
| _____ Knots | _____ Teaching |
| _____ Map & Compass | _____ Counseling |
| _____ Astronomy | _____ Plant & Animal Life |
| _____ Survival Techniques | _____ Leadership |
| _____ Mountaineering | _____ Initiative/ Trust Activities |

Please list any of your skills that are not noted above, and use the same experience rating system for each skill. We are especially interested in any outdoor adventure skills you may have. Feel free to describe your outdoor interests and skills in more detail below:

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

VI. Certifications

Name: _____

Please list all of your certifications and include a copy of each one with your application.

	Expiration Date:
CPR	____/____/____
First Aid	____/____/____
First Responder	____/____/____
WFR	____/____/____
EMT	____/____/____
WEMT	____/____/____
Other (Teacher, Guide, etc.):	
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____