



White Mountains Attractions Association
 DBA Lost River Gorge & Boulder Caves
 PO Box 87 North Woodstock, NH 03262
 Phone: 603-745-8031
 Email: gm@lostrivergorge.com or
 kwetherell@visitwhitemountains.com

(PLEASE PRINT)

Date of Application _____

Position Applied For _____

_____ LAST FIRST MIDDLE INITIAL

Address _____
 MAILING STREET TOWN STATE ZIP CODE

Telephone: _____

How did you hear about this job opportunity? _____

If employed and you are under 18, can you furnish a work permit? _____

Are you employed now? No Yes May we contact your present employer? No Yes

On what date are you available for work? _____ Full Time Part Time

Do you have your own transportation? Yes No

Do you have a Salary Requirement: No Yes \$ _____

Person to notify in case of emergency:

Name: _____ Phone: _____
 LAST FIRST

Address _____
 MAILING STREET TOWN STATE ZIP CODE

EDUCATION				
	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study or Specialized Training, Apprenticeship, or Skills:				

Have you even been convicted of a felony? No Yes If yes, provide details here:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Do you, or have you ever known anyone who works or worked at White Mountains Attractions, or Lost River Gorge? No Yes If yes, please list here: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that a background check may be conducted, including a review of my online sources and social media outlets. I understand that this application is not and is not intended to be a contract of employment.

I understand that, for jobs which require driving, my Motor Vehicle records will be obtained and reviewed.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

Signature of parent or guardian (if under 18)

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____

Name and Title

Date

EMPLOYMENT EXPERIENCE

Employer	Telephone	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer	Telephone	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer	Telephone	<u>Dates Employed</u> From To	Work Performed
Address			
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Supervisor			
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Employer	Telephone	<u>Dates Employed</u> From To	Work Performed
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Supervisor			
Reason for Leaving			

If you need additional space, please continue on the back of this sheet.