

Have you ever been convicted of (or plea bargained to) a FELONY conviction?

Yes No

If "yes", state the nature, resolution and date of the case(s) : _____

EDUCATION

Name of High School Attended & Location of School	Check one
	High School Diploma <input type="checkbox"/> GED <input type="checkbox"/>

Name of School & Location of School	1. Degree/ Certificate	1. Major	Total 1. Semester Hrs	Office use only
	2. Date Received	2. Minor	2. Quarter Hrs.	
College or University	1. 2.	1. 2.	1. 2.	1. 2. Degree
College or University	1. 2.	1. 2.	1. 2.	1. 2. Degree
College or University	1. 2.	1. 2.	1. 2.	1. 2. Degree
College or University	1. 2.	1. 2.	1. 2.	1. 2. Degree

TECHNICAL OR VOCATIONAL EDUCATION

Name of School & Location of School	1. Degree/ Certificate	1. Major	Total Technical or Vocational Hours Completed	Office use only
	2. Date Received	2. Minor		
	1. 2.	1. 2.	1. 2.	1. 2. Degree/Cert.

License(s) List all relevant certificates or licenses (including valid drivers license).

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

EMPLOYMENT HISTORY

This section must be completed: Do not attach supporting documents such as resumes, letters of recommendation, performance evaluations, etc., unless specified as they will not be evaluated. Statements such as "See resume" do not substitute for completing any portion of this application.

Beginning with your current or most recent job, list *all* previous employers and provide a complete description of duties. If applicable, include military and unpaid volunteer experience. Please note that an offer of or continued employment may depend upon verification of education, skills and employment history.

Mo. Yr. to Mo. Yr.	Employer's Name	Job Title	Hours per week
Reason for Leaving:			
Address	City/State	Salary \$	Name of Supervisor
O.K. to contact? Yes <input type="checkbox"/> No <input type="checkbox"/> (Check One)			Supervisor's Phone
			Number Supervised
DUTIES:			

Mo. Yr. to Mo. Yr.	Employer's Name	Job Title	Hours per week
Reason for Leaving:			
Address	City/State	Salary \$	Name of Supervisor
O.K. to contact? Yes <input type="checkbox"/> No <input type="checkbox"/> (Check One)			Supervisor's Phone
			Number Supervised
DUTIES:			

Please list any additional acquired skills, knowledge or experience you would like considered in assessing your qualifications for this position. (i.e. volunteer work, family business, vocational training, etc.)

I hereby certify that all this information is true and complete to the best of my knowledge. I understand that employment in certain positions may be conditional upon a review of criminal records. I authorize Small Adventures, LLC to request and obtain records to determine the accuracy of my responses. I agree to abide by all applicable rules, regulations and policies upon my acceptance of employment with Small Adventures, LLC. I understand that any material misrepresentation or omission on this application may be grounds for rejection of my application or termination of any subsequent employment with Small Adventures, LLC.

Signature: _____ Date: ____/____/____
Small Adventures, LLC is an EEO/AA Employer