

COMPOUND BOARDSHOP APPLICATION



I. PERSONAL INFORMATION

FULL NAME _____

ADDRESS _____

CITY STATE ZIPCODE

PHONE # _____

EMAIL _____

SOCIAL MEDIA
PLATFORMS
USERSNAMES

BIRTH DATE _____
MONTH DAY YEAR

ARE YOU A US CITIZEN (CIRCLE ONE)
YES NO



DESIRED HOURLY
PAY RANGE OR
RATE

PLEASE ANSWER WITH A REAL NUMBER OR RANGE
RATHER THAN "NEGOTIABLE." YOU HAVE A BUDGET
AND WE HAVE A BUDGET, SO THERE'S REALLY ONLY
SO MUCH NEGOTIATING WE CAN DO:)

HOW MANY HOURS
CAN YOU WORK
WEEKLY?

HAVE YOU WORKED
HERE BEFORE?

(CIRCLE ONE)

YES NO

DAY YOU CAN
START

MONTH DAY YEAR

WHAT SHIFTS ARE
YOU AVAILABLE?

(CIRCLE)

DAYS NIGHTS WEEKDAYS WEEKENDS ANYTHING

HAVE YOU APPLIED
HERE BEFORE?

(CIRCLE ONE)

YES NO

WHY DO YOU
WANT TO WORK
AT THE COMPOUND?

DESCRIBE
YOURSELF
IN FIVE WORDS

LIST ANY
RELEVANT
VOLUNTEER
EXPERIENCE

DESCRIBE A 1-2
SENTENCE
GLIMPSE OF
YOUR PRIMARY
CAREER GOALS:



II. EDUCATION

HIGHSCHOOL NAME OF HIGHSCHOOL: _____
OF YEARS ATTENDED: _____
GRADUATED?

YES NO
COLLEGE NAME OF COLLEGE/UNIVERSITY: _____
OF YEARS ATTENDED: _____
GRADUATED?

YES NO
AREA OF STUDY/DEGREE: _____

GRADUATE SCHOOL NAME OF GRADUATE SCHOOL ATTENDED: _____
OF YEARS ATTENDED: _____
GRADUATED?

YES NO
AREA OF STUDY/DEGREE: _____

TRADE SCHOOL/ OTHER NAME OF TRADE/TECHNICAL/OTHER SCHOOL ATTENDED: _____
OF YEARS ATTENDED: _____
GRADUATED?

YES NO
AREA OF STUDY/DEGREE: _____

III. SKILLS/ QUALIFICATIONS:

SKILLS LIST RELEVANT SKILLS: _____

QUALIFICATIONS LIST RELEVANT CERTIFICATIONS AND QUALIFICATIONS: _____

CERTIFICATIONS LIST RELEVANT CERTIFICATIONS (LIFEGUARD, CPR, EMT) _____



**VOLUNTEER
EXPERIENCE**

LIST ANY RELEVANT VOLUNTEER
EXPERIENCE:

IV. ACTION SPORTS BACKGROUND

OF YEARS

SURFING

SKATING

STAND UP PADDLE

FLY FISHING

V. CURRENT EMPLOYMENT

**CURRENT
EMPLOYER**

NAME OF CURRENT EMPLOYER OR
NONE IF UNEMPLOYED:

POSITION:

COMPANY ADDRESS:

CITY

STATE

ZIPCODE

COMPANY PHONE #:

MAY WE CONTACT?

YES

NO

SALARY:

**WHY DID YOU DECIDE TO MOVE
ON?**

START DATE: (M/D/Y)

END DATE: (M/D/Y)

MAY WE CONTACT?

YES

NO



VI. PREVIOUS EMPLOYMENT

PREVIOUS
EMPLOYER
COMPANY
NAME

NAME OF PREVIOUS EMPLOYER:

POSITION:

COMPANY ADDRESS:

CITY

STATE

ZIPCODE

COMPANY PHONE #:

MAY WE CONTACT?

YES

NO

SALARY:

WHY DID YOU DECIDE TO MOVE
ON?

START DATE: (M/D/Y)

END DATE: (M/D/Y)

VII. REFERENCES

REFERENCE ONE

NAME:

RELATIONSHIP:

YEARS ACQUAINTED:

PHONE #:

EMAIL:



REFERENCE TWO NAME:

RELATIONSHIP:

YEARS ACQUAINTED:

PHONE #:

EMAIL:

VIII. COVER LETTER & RESUME

I ACKNOWLEDGE THAT THE INFORMATION I HAVE GIVEN IS TRUE AND UNDERSTAND THAT IF EMPLOYED, ANY FALSIFIED STATEMENTS ON THIS APPLICATION WILL LEAD TO IMMEDIATE TERMINATION, FURTHERMORE, I ACKNOWLEDGE THAT I WILL BE UNDER A 120-DAY PROBATIONARY PERIOD AND CAN BE TERMINATED FOR ANY MISCONDUCT, VIOLATIONS OF COMPOUND POLICIES OR PROCEDURES, THEFT, ILLEGAL DRUG USE, OR CONVICTIONS. I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS APPLICATION BY SIGNING THIS DOCUMENTS.

BY SIGNING MY NAME BELOW, I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE SUCH INQUIRY INTO THE STATEMENTS MADE IN THIS APPLICATION AS MAY BE NECESSARY IN REACHING AN EMPLOYEE DECISION. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION OR DURING ANY PRE-EMPLOYMENT INTERVIEW, INCLUDING FAILURE TO DISCLOSE REQUESTED INFORMATION, MAY RESULT IN DISCHARGE.

APPLICANTS SIGNATURE:

DATE: