CrossCurrents Fly Shop & Outfitters

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www.crosscurrents.com

311 Bridge Street

Craig, Montana 59648

406-235-3433

instagram.com/crosscurrents



326 N. Jackson Street Helena, Montana 59601 406-449-2292 facebook.com/crosscurrentsflyshop

EMPLOYMENT Application Form

CrossCurrents Fly Shop's Mission Statement:

CrossCurrents Fly Shop is dedicated to serving our Customers by providing the best possible knowledge, equipment and opportunities by using our collective experience and passion for fly fishing and the outdoors, to help make your fishing adventures amazingly memorable. We also strive to further fly fishing and the habitats we enjoy to future generations and hopefully inspire others to do the same. We want to honor God by honoring our Customers, Staff and Community.

Core Values of CCFS:

1- Service of others.	2- Friendly Enthusiasm.	3- Integrity.	4- Good Com	munication.	5- Attention to Details	
Application Date: _						
Full Name:				Nickname: _		
				Date of Birth:		
Email(s):						
City:				State:	Zip:	
Instagram:		Fa	ceBook:		Other:	
Position Applying For:				Guide Apprer	ntice Program?:)
Type of Employment:	Full-Time (32+ hours/week)	□ Part-Time (<31	hours/week) 🔲 (Other:		
Date Available to Sta	rt:	Ur	ntil (End-Date fo	or seasonal wo	rk):	
Have you ever been co	onvicted of a felony?: \Box NO	, 🗌 Yes If YES, p	olease explain:			
May we contact your c	urrent employer?: 🛛 Yes , 🗆	No If NO, please	explain:			
Do you have a good di	riving record?: \Box Yes , \Box N	0 If NO, please expla	ain:			
Do you have Auto Insu	rance for yourself?: \Box Yes ,	□ No If NO, plea	se explain:			
Are you able to comm	ute to work up to 45 miles?: [🗆 Yes , 🗆 No	f NO, please explain:			
Do you consent to a pr	e-employment &/or random o	qualified control	led substance 8	alcohol scree	ning test?: \Box Yes , \Box No	
Have you driven a veh	icle towing a trailer/boat?: \Box	Yes , 🗆 No.	Do y	ou know how t	o back up a trailer?: 🛛 Yes	, 🗆 No.
Do you know how to row a Drift Boat/Raft?: \Box Yes , \Box No. Do				Do you know how to Tie Flies?: \Box Yes , \Box No.		
Fly Fishing Experie	nce (List your experience -whe	en you started, wł	no got you started	l, places you've	fished, etc. Attach another she	et if needed):

(over)

Past Employer Information: (Please list all your employe				
	Supervisor:			
	Phone:			
Position(s) Held:				
Primary Duties:				
Dates Employed: Start:				
Reason for leaving:				
	Supervisor:			
	Phone:			
Position(s) Held:				
Primary Duties:				
	End:			
Reason for leaving:				
Employer:	Supervisor:	Supervisor:		
Location:	Phone:	Phone:		
Position(s) Held:	Rate of Pay:			
Primary Duties:				
Dates Employed: Start:	t: End:			
Reason for leaving:				
Formal Education: (Please list your education and/or traini	ng experiences)			
High School?		_ Graduation Date:		
College?	Major:	Graduation Date:		
Other (Guide School?):				
Other Skill or Experience: (Please list any other skills or)		
		/		
Personal References: (Please do NOT include relatives o	r previous employers)			
Name:				
		Phone:		
		Occupation:		
		Phone:		
Name:	Occupation:	Occupation:		
City/State:	Phone:	Phone:		
I authorize the investigation of all statements contained in this er omission of facts by me is cause for dismissal at any time. I here employers (unless otherwise indicated) and references and here such contact. I understand that CrossCurrents, Inc.has a pre-employment drug employment. I further understand that my employment with Cross myself or by CrossCurrents, Inc.	eby give CrossCurrents, Inc permis by release CrossCurrents, Inc. and g and alcohol testing policy and I co	sion to contact any or all schools, previous I it's management from any liability as a result of onsent to this policy as a pre-condition of my		
		- /		
Signature of Applicant:		Date:		
[Office Use Only: Date Received:; Date (Called:; Inte	erview Date(s):]		