CrossCurrents Fly Shop & Outfitters

crosscurrentsflyshop@gmail.com

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 and Clients by providing the best possible knowledge, equipment and opportunities, using our collective experience and passion for the outdoors, to help make your fly fishing adventures memorable and to further fly fishing and the habitats we enjoy to future generations and inspiring others to do the same. (Wouldn't you rather be fly fishing?)

Phone: ☐ CELL ☐ Home	plication Date:		
Email(s):	I Name:	Nickname:	
City:	One: []CELL []Home		
City:	ail(s):		
Instagram:	me Address:		
Position Applying For:	<i>[</i> :	State: Zip:	
Position Applying For:	tagram: F	aceBook: Other:	
Date Available to Start:			
Have you ever been convicted of a felony?: \[\text{NO} \text{Yes} \text{please explain:} \] May we contact your current employer?: \[\text{Yes} \text{No} \text{If NO} \text{please explain:} \] Do you have a good driving record?: \[\text{Yes} \text{No} \text{If NO} \text{please explain:} \] Do you have Auto Insurance for yourself?: \[\text{Yes} \text{No} \text{If NO} \text{please explain:} \] Are you able to commute to work up to 45 miles?: \[\text{Yes} \text{No} \text{If NO} \text{please explain:} \] Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: \[\text{Yes} \text{Yes} \text{Yes} \text{No} \text{If NO} \text{please explain:} \]	e of Employment:	1 hours/week)	
May we contact your current employer?: Yes , No If NO, please explain: Do you have a good driving record?: Yes , No If NO, please explain: Do you have Auto Insurance for yourself?: Yes , No If NO, please explain: Are you able to commute to work up to 45 miles?: Yes , No If NO, please explain: Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes , Yes ,	e Available to Start: U	ntil (End-Date for seasonal work):	
Do you have a good driving record?: Yes , No If NO, please explain: Do you have Auto Insurance for yourself?: Yes , No If NO, please explain: Are you able to commute to work up to 45 miles?: Yes , No If NO, please explain: Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes , No If NO, please explain: Yes , No If NO, please explain: Yes , Ye	ve you ever been convicted of a felony?: \square NO , \square Yes If YES,	please explain:	
Do you have Auto Insurance for yourself?: Yes, No If NO, please explain: Are you able to commute to work up to 45 miles?: Yes, No If NO, please explain: Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes, No If NO, please explain: Yes, No If NO, please explain: Yes, Ye	, we contact your current employer?: \square Yes , \square No If NO, pleas	e explain:	
Are you able to commute to work up to 45 miles?: Yes, No If NO, please explain: Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes, No If NO, please explain:	you have a good driving record?: \square Yes , \square No If NO, please exp	olain:	
Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: \Box Y	you have Auto Insurance for yourself?: \square Yes , \square No If No, ple	ase explain:	
	you able to commute to work up to 45 miles?: $\Box \ \mbox{Yes}$, $\ \Box \ \mbox{No}$	If NO, please explain:	
Have you driven a vehicle towing a trailer/boat?: ☐ Yes , ☐ No. ☐ Do you know how to back up a trailer/boat?	you consent to a pre-employment &/or random qualified contro	illed substance & alcohol screening test?: \Box Yes , \Box No	
	ve you driven a vehicle towing a trailer/boat?: \square Yes , \square No.	Do you know how to back up a trailer?: \square Ye	s, 🗆 No.
Do you know how to row a Drift Boat/Raft?: ☐ Yes , ☐ No. ☐ Do you know how to Tie Flies?: ☐	you know how to row a Drift Boat/Raft?: \square Yes , \square No.	Do you know how to Tie Flies?: \square Yes , \square N	10.
Fly Fishing Experience (List your experience -when you started, who got you started, places you've fished, etc. Attac	Fishing Experience (List your experience -when you started, w	rho got you started, places you've fished, etc. Attach another sh	neet if needed)

(**over**) v-091523

Past Employer Information: (Please list all your emplo	oyees for the last three years, staring	with the most recent)		
Employer:	Supervisor:	Supervisor:		
Location:	Phone:	Phone:		
Position(s) Held:	Rate of	f Pay:		
Primary Duties:				
Dates Employed: Start:	End:_			
Reason for leaving:				
Employer:	Supervisor:			
Location:	Phone:			
Position(s) Held:	Rate of	f Pay:		
Primary Duties:				
Dates Employed: Start:	End:_			
Reason for leaving:				
Employer:				
Location:				
Position(s) Held:				
Primary Duties:				
Dates Employed: Start:	End:_			
Reason for leaving:				
Formal Education: (Please list your education and/or tra				
High School? ☐ No, ☐ Yes - School Name:		Graduation Date:		
College? ☐ No, ☐ Yes -School:				
		Oracidation Date		
Other Skill or Experience: (Please list any other skills	or experiences not mentioned above.	.)		
Personal References: (Please do NOT include relatives	s or previous employers)			
Name:				
	•	Phone:		
Name:City/State:				
		Occupation:		
	•	Phone:		
I authorize the investigation of all statements contained in this omission of facts by me is cause for dismissal at any time. I hemployers (unless otherwise indicated) and references and he such contact. I understand that CrossCurrents, Inc.has a pre-employment demployment. I further understand that my employment with Comyself or by CrossCurrents, Inc.	ereby give CrossCurrents, Inc permisereby release CrossCurrents, Inc. and and alcohol testing policy and I co	ssion to contact any or all schools, previous dit's management from any liability as a result of consent to this policy as a pre-condition of my		
Signature of Applicant:		_ Date:		
[Office Use Only: Date Received:; Date	e Called: ; Into	erview Date(s):		