## 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	n Date:			
Home Address:		Nickname:		
City:	ELL [_] Home	Date of Birth:		
City:				
Instagram:	'ess:			
Position Applying For:		State: Zip:		
Position Applying For:	FaceB	Book: Other:		
Date Available to Start:				
Have you ever been convicted of a felony?:  \[ \text{NO}   \text{Yes}  \text{If YES, please explain:} \]  May we contact your current employer?:  \[ \text{Yes}   \text{No}  \text{If NO, please explain:} \]  Do you have a good driving record?:  \[ \text{Yes}   \text{No}  \text{If NO, please explain:} \]  Do you have Auto Insurance for yourself?:  \[ \text{Yes}   \text{No}  \text{If NO, please explain:} \]  Are you able to commute to work up to 45 miles?:  \[ \text{Yes}   \text{No}  \text{If NO, please explain:} \]  Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:  \[ \text{Ves}	loyment:   Full-Time (32+ hours/week)   Part-Time (<31 hours/week)	s/week) Dother:		
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 ,	ole to Start: Until (i	(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?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:	er been convicted of a felony?: $\square$ NO , $\square$ Yes If YES, please	e 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?:   No If NO, please explain:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:   No you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:	act your current employer?:   Yes ,   No If NO, please explain	ain:		
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?:   No If NO, please explain:	a good driving record?: $\hfill \square$ Yes , $\hfill \square$ No $\hfill$ No, please explain: $\hfill \square$			
Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?:	Auto Insurance for yourself?: $\square$ Yes , $\square$ No If NO, please exp	xplain:		
	to commute to work up to 45 miles?: $\hfill \square$ Yes , $\hfill \square$ No $_{\hfill}$ No $_{\hfill}$	, please explain:		
Have you driven a vehicle towing a trailer/boat?: ☐ Yes , ☐ No. ☐ Do you know how to back up a trailer/boat?	ent to a pre-employment &/or random qualified controlled s	substance & alcohol screening test?: $\square$ Yes , $\square$ No		
	ven a vehicle towing a trailer/boat?: $\square$ Yes , $\square$ No.	Do you know how to back up a trailer?: $\square$ Yes , $\square$	□ No.	
Do you know how to row a Drift Boat/Raft?: ☐ Yes , ☐ No. ☐ Do you know how to Tie Flies?: ☐	how to row a Drift Boat/Raft?: $\square$ Yes , $\square$ No.	Do you know how to Tie Flies?: $\square$ Yes , $\square$ No.		
Fly Fishing Experience (List your experience -when you started, who got you started, places you've fished, etc. Attack	Experience (List your experience -when you started, who go	ot you started, places you've fished, etc. Attach another sheet i	f needed)	

(**over**) V-101523

Past Employer Information: (Please list all your employees for	r the last three years, staring with the mos	st recent)		
Employer:	Supervisor:			
Location:	Phone:	Phone:		
Position(s) Held:	Rate of Pay:			
Primary Duties:				
Dates Employed: Start:	End:			
Reason for leaving:				
Employer:	Supervisor:			
Location:				
Position(s) Held:	Rate of Pay:			
Primary Duties:				
Dates Employed: Start:	End:			
Reason for leaving:				
Employer:	Supervisor:			
Location:				
Position(s) Held:				
Primary Duties:				
Dates Employed: Start:	End:			
Reason for leaving:				
Formal Education: (Please list your education and/or training ex				
High School? ☐ No, ☐ YesSchool Name:		ion Date:		
College? ☐ No, ☐ Yes -School:				
Other (Guide School?):				
Other Skill or Experience: (Please list any other skills or expe	lences not mentioned above.)			
Personal References: (Please do NOT include relatives or pre-	ious employers)			
Name:	, ,			
	Phone:			
	Occupation:			
	Phone:			
	Occupation:			
	Phone:			
I authorize the investigation of all statements contained in this employ omission of facts by me is cause for dismissal at any time. I hereby gemployers (unless otherwise indicated) and references and hereby resuch contact.  I understand that CrossCurrents, Inc.has a pre-employment drug and employment. I further understand that my employment with CrossCurrents, Inc.	ve CrossCurrents, Inc permission to conta ease CrossCurrents, Inc. and it's manage alcohol testing policy and I consent to this	act any or all schools, previous ement from any liability as a result of spolicy as a pre-condition of my		
	5 /			
Signature of Applicant:	Date:			
[Office Use Only: Date Received:; Date Called	: Interview Date(s)	):		