

International Association of Antarctica Tour Operators (IAATO)

Employment Application



An Equal Opportunity Employer: *IAATO (hereinafter referred to as "The Company")* believes that all persons are entitled to equal employment opportunity. The Company will not discriminate or tolerate discrimination against any employee or applicant because of race, color, creed, religion, genetic information, sex, sexual orientation, national origin, age, status with regard to public assistance, marital or veteran status, disability or any other characteristic protected by local, state or federal law. Equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, training, promotion, transfer, discipline, layoff, recall and termination. Disabled applicants may request any reasonable accommodation needed to enable them to complete the application process.

SECTION 1: APPLICANT INFORMATION

First Name		Middle Initial		Last Name	
Phone		Other Phone		Email	
Current Address					
Street Address				Apartment/Unit #	
City		State		ZIP	
Permanent Address – if different from current address					
Street Address				Apartment/Unit #	
City		State		ZIP	
How did you learn about our company?					
Current Employee? <input type="checkbox"/> Other Internet Job Site? <input type="checkbox"/> Unemployment Office/One-Stop Career Center? <input type="checkbox"/>					
Other:					
Do you have any family members working at this Company? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, who?	
Have you previously applied to the Company? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, when?	
For which position did you previously apply?					
Have you ever been previously employed by the Company? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, list dates of employment and reasons for leaving.					

SECTION 2: POSITION APPLYING FOR

Position applied For:		How soon can you start if a job offer is made?	
Type of employment desired (check all that apply):			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal/Summer <input type="checkbox"/>			
Have you reviewed the essential functions of the job as listed on the job posting? YES NO			
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?			

Name:

SECTION 3: EDUCATIONAL BACKGROUND

Secondary		City/State		Last Year Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major/Minor	
Degrees/Credits Earned								
University		City/State		Last Year Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major/Minor	
Degrees/Credits Earned								
University		City/State		Last Year Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major/Minor	
Degrees/Credits Earned								
Other		City/State		Last Year Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major/Minor	
Degrees/Credits Earned								
List any additional education or training.								

SECTION 4: SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

SECTION 5: MILITARY SERVICE

Branch of Service:

Skills acquired during active military service:

Name:

SECTION 6: PROFESSIONAL REFERENCES			
<i>Please list three professional references; former and/or current supervisors and peers preferred.</i>			
Full Name			
Occupation/Company		Phone	
Address		Years Acquainted	
Full Name			
Occupation/Company		Phone	
Address		Years Acquainted	
Full Name			
Occupation/Company		Phone	
Address		Years Acquainted	
Please list activities that you are qualified to supervise or coach or any additional information you feel may be helpful in considering your application:			

SECTION 7: EMPLOYMENT HISTORY			
Complete all information in full. All applicants must complete this page even if they are also submitting a resume.			
Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.			
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer Name		Phone	
Address	City	State	ZIP
Job Title		Name of Supervisor & Title	
Specific Duties			
Dates Employed From:			To:
Reason for Leaving			
Employer Name		Phone	
Address	City	State	ZIP
Job Title		Name of Supervisor & Title	
Specific Duties			

Name:

Dates Employed From:		To:	
Reason for Leaving			
Employer Name		Phone	
Address	City	State	ZIP
Job Title		Name of Supervisor & Title	
Specific Duties			
Dates Employed From:		To:	
Reason for Leaving			
Employer Name		Phone	
Address	City	State	ZIP
Job Title		Name of Supervisor & Title	
Specific Duties			
Dates Employed From:		To:	
Reason for Leaving			

DISCLAIMER AND SIGNATURE

1. I certify that all information contained in this application and any supporting documentation, including a resume, is true and correct to the best of my knowledge and belief. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
2. I authorize the Company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my potential or actual employment by the Company.
3. I understand that as a condition of employment, employees will be asked to sign a Non-Disclosure/Inventions Agreement.
4. Regardless of whether or not I become employed by the Company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Company is on an "at-will" basis and that my employment may be terminated with or without cause, and with or without notice, at any time, at my option or the Company's. I further understand that no Company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the Company, and then only by means of a signed, written document.

Please note that the application form must be filled out in its entirety. Referencing a resume is insufficient.

By selecting the "I Accept" button, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application. By selecting "I Accept" you consent to acceptance and agreement as if actually signed by you in writing.

Signed by Applicant	Date
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The Federal Employee Polygraph Protection Act makes it unlawful for most private employers to use lie detector tests for pre-employment screening or during the course of employment.