

EMPLOYMENT APPLICATION

"Setting the standard in guiding excellence since 1969"

PERSONAL INFORMATION

Name _____

Present Address _____

Permanent Address _____

E-mail Address _____

Best Phone Number _____

Are you 18 years of age or older? Yes _____ No _____

How did you hear about RMI? _____

CERTIFICATION INFORMATION

First Aid Certification WFR _____ EMT _____ WEMT _____ Expiration Date _____

CPR Certification Standard _____ CPR-Pro _____ Expiration Date _____

LNT Certification Trainer _____ Master _____ Certification Date _____

Avalanche Certification Rec I _____ Rec II _____ Pro 1 _____ Pro 2 _____ Expiration Date _____

AMGA or Additional Certifications

- _____ Date of Certification _____
- _____ Date of Certification _____
- _____ Date of Certification _____

EDUCATION INFORMATION

High School: Yes _____ No _____ Name of School _____

Trade School: Yes _____ No _____

- Subjects Studied/ Degree(s) Received _____
- Name & Location of School _____

Under-Graduate Studies: Yes _____ No _____

- Subjects Studied/ Degree(s) Received _____
- Name & Location of School _____

Graduate or Post-Graduate Studies: Yes _____ No _____

- Subjects Studied/ Degree(s) Received _____
- Name & Location of School _____

