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 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, community and environment.

Application Date:	1- Service of others. 2- Friendly Enthusiasm. 3- Integrity.			tention to Details
Phone: CELL Home Date of Birth: Email(s): Home Address: City: State: Zip: Instagram: FaceBook: Other: Other: Position Applying For: (Guide Apprentice Program?: Type of Employment: Full-Time (32+ hours/week) Part-Time (<31 hours/week) Other: Date Available to Start: Until (End-Date for seasonal work): Have you ever been convicted of a felony?: NO , Yes if YES, please explain: 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: Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes , No Have you driven a vehicle towing a trailer/boat?: Yes , No. Do you know how to back up a trailer?: Yes , No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Time Instagram: Instagra	Application Date:			
Home Address:	Full Name:	Nickr	name:	
State: Zip:	Phone: [] CELL [] Home	Date	of Birth:	
State: Zip: Instagram: FaceBook: Other: Position Applying For: (Guide Apprentice Program?: Type of Employment: Full-Time (32+ hours/week) Part-Time (<31 hours/week) Other: Date Available to Start: Until (End-Date for seasonal work): Have you ever been convicted of a felony?: NO , Yes f YES, please explain: May we contact your current employer?: Yes , No f NO, please explain: Do you have a good driving record?: Yes , No f NO, please explain: Do you have Auto Insurance for yourself?: Yes , No f NO, please explain: Are you able to commute to work up to 45 miles?: Yes , No f NO, please explain: Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes , No Have you driven a vehicle towing a trailer/boat?: Yes , No. Do you know how to back up a trailer?: Yes , No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No. Do you know how to Tie Flies?: Yes , No. No	Email(s):			
Position Applying For:	Home Address:			
Position Applying For:	City:	State:	Zip):
Type of Employment:	nstagram: Fac	ceBook:		Other:
Date Available to Start:	Position Applying For:	(Guide	Apprentice P	rogram?:
Have you ever been convicted of a felony?: \[\text{NO} \ \ \text{Yes} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Гуре of Employment: ☐ Full-Time (32+ hours/week) ☐ Part-Time (<31 h	nours/week)		
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Do you consent to a pre-employment &/or random qualified controlled substance & alcohol screening test?: Yes , No No Do you know how to back up a trailer?: Yes , No. Do you know how to Tie Flies?: Yes , No.	Do you have Auto Insurance for yourself?: \square Yes , \square No $_{ ext{If NO, please}}$	e explain:		
Have you driven a vehicle towing a trailer/boat?: ☐ Yes , ☐ No. Do you know how to row a Drift Boat/Raft?: ☐ Yes , ☐ No. Do you know how to Tie Flies?: ☐ Yes , ☐ No.	Are you able to commute to work up to 45 miles?: \square Yes , \square No If	NO, please explain:		
Do you know how to row a Drift Boat/Raft?: ☐ Yes , ☐ No. ☐ Do you know how to Tie Flies?: ☐ Yes , ☐ No.	Do you consent to a pre-employment &/or random qualified controlle	ed substance & alcoh	ol screening te	st?: □ Yes , □ No
	Have you driven a vehicle towing a trailer/boat?: \square Yes , \square No.	Do you kno	ow how to back	up a trailer?: Yes , No.
Fly Fishing Experience (List your experience -when you started, who got you started, places you've fished, etc. Attach another sheet if neede	Do you know how to row a Drift Boat/Raft?: \square Yes , \square No.	Do you kno	ow how to Tie F	·lies?: ☐ Yes , ☐ No.
Tig Tierming Experience (List your experience milet you started, mile got you started, places you to listled, etc. Attach another sheet if neede	Fly Fishing Experience (List your experience -when you started, who	o got you started, place	s you've fished,	etc. Attach another sheet if needed

(over) v-011525

Past Employer Information: (Pleas	se list all your employees for the last three years, st	taring with the most recent)		
Employer:	Superviso	Supervisor:		
Location:	Phone:	Phone:		
Position(s) Held:	Ra	ate of Pay:		
Primary Duties:				
Dates Employed: Start:		End:		
Reason for leaving:				
Employer:	Superviso	r:		
Position(s) Held:	Ra	ate of Pay:		
Primary Duties:				
Dates Employed: Start:	[End:		
Reason for leaving:				
		r:		
		ate of Pay:		
Primary Duties:				
Dates Employed: Start:		End:		
Reason for leaving:				
Formal Education: (Please list your e				
		Graduation Date:		
-		Graduation Date:		
-	,			
		above. Let us know if you tie flies.)		
Other Skill Of Experience. (Flease	list any other skills of experiences not mentioned a	above. Let us know if you lie liles.)		
•	OT include relatives or previous employers)			
		n:		
		n:		
Name:	Occupation	n:		
City/State:	Phone:			
omission of facts by me is cause for dismis employers (unless otherwise indicated) and such contact. I understand that CrossCurrents, Inc.has a	ssal at any time. I hereby give CrossCurrents, Inc p id references and hereby release CrossCurrents, Inc p a pre-employment drug and alcohol testing policy ar	c. and it's management from any liability as a result of		
Signature of Applicant:		Date:		
[Office Use Only: Date Received:	; Date Called:	; Interview Date(s):		