



# Thank you for your interest in Bon Voyage World Travel Experts

STEP INTO THE EXCITING WORLD OF TRAVEL

## OUR APPLICATION PROCESS REQUIRES MULTIPLE STEPS AS OUTLINED BELOW

- 1 Complete application in full and save as a pdf file to your computer.
- 2 Complete a 5 minute video recording of yourself and save to your computer with responses to the five following questions:
  - a. Tell us about yourself?
  - b. What excites you about entering or expanding in the world of travel?
  - c. Give us an example of when it was necessary to be creative for your job?
  - d. Tell us about a difficult situation; who was involved, how did you respond, and how was the situation resolved?
  - e. Give us an example of when you went above and beyond the call of duty to get the job done.Visit [this link](#) to learn how to create a video
- 3 Attach your completed application, video and resume to an email and submit to [info@bvworldtravel.com](mailto:info@bvworldtravel.com) with the subject line of the job position you are applying for.

Note: Submissions that do not include both requested components will not be considered for next step in interviewing process. We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

## 4 Please Fill Out The Below Form

CONTACT INFORMATION

POSITION APPLIED FOR:

(Entry Level Travel Expert, Senior Level Travel Expert, Vacation Concierge, Independent Contractor or General Office)

NAME:

IF APPLICABLE, LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND

EDUCATIONAL RECORD: (Example: Change of name, use of an assumed name, nickname, etc.)

TELEPHONE NUMBER:

ALTERNATE / CELLULAR NUMBER:

EMAIL ADDRESS:

PRESENT ADDRESS:

CITY:

STATE:

ZIP:

HOW LONG HAVE YOU BEEN AT YOUR CURRENT RESIDENCE: (Years / Months)

INTERNAL INFORMATION

DESIRED SALARY / HOURLY RATE: [ ]

IF UNDER THE AGE OF 18, CAN YOU PRODUCE THE NECESSARY WORK CERTIFICATE AT THE TIME OF EMPLOYMENT? (Yes) [ ] (No) [ ]

TYPE OF EMPLOYMENT DESIRED? (Full time) [ ] (Part time) [ ]

ARE YOU WILLING TO WORK OVERTIME? (Yes) [ ] (No) [ ]

DATE ON WHICH YOU CAN START WORK IF HIRED? [ ]

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THIS COMPANY? (Yes) [ ] (No) [ ]

IF YES, WHEN AND WHERE DID YOU APPLY? [ ]

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY? (Yes) [ ] (No) [ ]

IF YES, WHEN AND WHERE? [ ]

SCHOOLING INFORMATION

EDUCATION	SCHOOL NAME & LOCATION	COURSE OF STUDY	GRADUATE?	# OF YEARS	DEGREE/ MAJOR
HIGH SCHOOL:	[ ]	[ ]	[ ]	[ ]	[ ]
COLLEGE:	[ ]	[ ]	[ ]	[ ]	[ ]
BUS./TECH./ TRADE or POST COLLEGE:	[ ]	[ ]	[ ]	[ ]	[ ]

HONORS RECEIVED: [ ]

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attached additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work preformed on a volunteer basis, internships, or military service. Your Failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume"

EMPLOYER 1 [ ] [ ] [ ]

NAME ADDRESS TELEPHONE

[ ]

TYPE OF BUSINESS

DATES EMPLOYED: FROM: [ ] TO: [ ]

DUTIES? [ ]

SUPERVISORS NAME? [ ] MAY WE CONTACT? (Yes) [ ] (No) [ ]

WAGES? [ ] START: [ ] FINISH: [ ]

REASON FOR LEAVING? [ ]

WAS THERE CONFLICT IN THIS POSITION? IF SO, WHAT?

EMPLOYER 2     
NAME ADDRESS TELEPHONE  
  
TYPE OF BUSINESS

DATES EMPLOYED: FROM:  TO:

DUTIES?

SUPERVISORS NAME?  MAY WE CONTACT? (Yes)  (No)

WAGES?  START:  FINISH:

REASON FOR LEAVING?

WAS THERE CONFLICT IN THIS POSITION? IF SO, WHAT?

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EMPLOYER 3:     
NAME ADDRESS TELEPHONE  
  
TYPE OF BUSINESS

DATES EMPLOYED: FROM:  TO:

DUTIES?

SUPERVISORS NAME?  MAY WE CONTACT? (Yes)  (No)

WAGES?  START:  FINISH:

REASON FOR LEAVING?

WAS THERE CONFLICT IN THIS POSITION? IF SO, WHAT?

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HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB?:

NO  YES  HOW MANY TIMES

HAS YOUR EMPLOYMENT EVER BEEN TERMINATED BY MUTUAL AGREEMENT?:

NO  YES  HOW MANY TIMES

HAVE YOU EVER BEEN GIVEN THE CHOICE TO RESIGN RATHER THAN BE TERMINATED?:

NO  YES  HOW MANY TIMES

IF YOU ANSWERED YES TO ANY OF THE ABOVE THREE QUESTIONS PLEASE EXPLAIN THE CIRCUMSTANCES OF EACH OCCASION:

DO YOU HAVE A NON-COMPETE CLAUSE WITH YOUR CURRENT OR PAST EMPLOYER?

REFERENCES

NAME	POSITION	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE NUMBER

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

ABOUT YOU

WHAT 3 STRENGTHS DO YOU POSSESS THAT WOULD MAKE YOU A STRONG CANDIDATE IN THE TRAVEL INDUSTRY?

WHAT ARE YOUR 3 PROFESSIONAL WEAKNESSES AND HOW COULD THEY IMPROVE?

WHAT WOULD YOUR DREAM VACATION BE AND WHY?

## Applicant Certification

If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law. If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement. I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

APPLICANT SIGNATURE

Applicant Signature:

Date:

