

Mild to Wild Rafting and Jeep Trail Tours, Inc.
50 Animas View Dr.
Durango, CO 81301
800-567-6745
www.Mild2WildRafting.com
Fax: 970-382-0545



APPLICATION FOR EMPLOYMENT DATE OF APPLICATION: _____
WE REQUIRE BACKGROUND CHECKS AND DRUG TESTING FOR MOST POSITIONS. PLEASE INITIAL TO THE PERMISSION TO COMPLETE A BACKGROUND CHECK AND DRUG TEST: _____

HOW DID YOU HEAR OF THIS JOB OPENING? _____

EMPLOYMENT DESIRED

POSITION (Circle one or more):

TRIP CONSULTANT (OFFICE) TRIP CONSULTANT (BOOTH)
4x4 DRIVER BUS DRIVER RIVER GUIDE Other _____

DATE YOU CAN START: _____ END DATE: _____

ATTENDING SUMMER SCHOOL? N or Y IF YES SPECIFY CLASS SCHEDULE _____

WAGE DESIRED _____

WORK DAYS AVAILABLE (CIRCLE ALL THAT APPLY): M T W TH F S SU

VACATION DATES NEEDED (WE HIRE BASED ON VACATION DATES SO BE VERY SPECIFIC):

PERSONAL INFORMATION

NAME: _____ SSN: _____

PRESENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PERMANENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: _____ CELL PHONE: _____

E-MAIL: _____

DO YOU CHECK YOUR EMAIL REGULARLY? YES NO

GENERAL INFORMATION

SKILLS THAT WOULD BE VALUABLE TO MILD TO WILD: _____

DO YOU HAVE A DRIVER'S LICENSE? YES NO
IF SO, LIST THE STATE _____ AND NUMBER _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? YES NO
IF SO, LIST THE STATE _____ AND NUMBER _____

ARMED SERVICES?: _____ RANK: _____

HAVE YOU EVER BEEN CONVICTED OF A FELLONY? YES NO

IF YES, PLEASE DESCRIBE CONDITIONS OF THE OFFENSE: _____

ABLE TO PASS A DRUG TEST: YES NO

IF HIRED, ARE YOU WILLING TO SUBMIT A BACKGROUND CHECK & CREDIT REPORT? YES NO

WHY DO YOU WANT TO WORK AT MILD TO WILD RAFTING & JEEP TRAIL TOURS, INC.?

EDUCATION HISTORY

NAME OF SCHOOL	DATES OF ATTENDANCE	DID YOU GRADUATE?	MAJOR	GPA
HIGH SCHOOL:			GENERAL EDUCATION	
COLLEGE/TRADE SCHOOL:				

ARE YOU CURRENTLY EMPLOYED: YES NO

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO

WHEN? _____ WHAT POSITION? _____

FORMER EMPLOYERS (CONTACT INFO MUST BE COMPLETE, ESPECIALLY EMAIL!)

COMPANY _____ SUPERVISOR'S NAME _____

JOB DUTIES _____

SUPERVISOR'S EMAIL _____ PHONE NUMBER _____

DATES (MONTH/YEAR) FROM: _____ TO: _____ POSITION _____

WAGE _____ REASON FOR LEAVING _____

CAN WE CONTACT THIS EMPLOYER: YES NO

COMPANY _____ SUPERVISOR'S NAME _____

JOB DUTIES _____

SUPERVISOR'S EMAIL _____ PHONE NUMBER _____

DATES (MONTH/YEAR) FROM: _____ TO: _____ POSITION _____

WAGE _____ REASON FOR LEAVING _____

CAN WE CONTACT THIS EMPLOYER: YES NO

COMPANY _____ SUPERVISOR'S NAME _____

JOB DUTIES _____

SUPERVISOR'S EMAIL _____ PHONE NUMBER _____

DATES (MONTH/YEAR) FROM: _____ TO: _____ POSITION _____

WAGE _____ REASON FOR LEAVING _____

CAN WE CONTACT THIS EMPLOYER: YES NO

COMPANY _____ SUPERVISOR'S NAME _____

JOB DUTIES _____

SUPERVISOR'S EMAIL _____ PHONE NUMBER _____

DATES (MONTH/YEAR) FROM: _____ TO: _____ POSITION _____

WAGE _____ REASON FOR LEAVING _____

CAN WE CONTACT THIS EMPLOYER: YES NO

FOR OFFICE EMPLOYMENT ONLY: CIRCLE THE AREAS YOU ARE PROFICIENT IN

- | | | | |
|-------------------|-------------|----------------|----------------------|
| MAC COMPUTERS | WEB DESIGN | GRAPHIC DESIGN | DATABASE- |
| EXCEL | PHOTOSHOP | I CALENDER | ANALYZATION |
| ADOBE ILLUSTRATOR | POWER POINT | BLOGGING | DATA MINING/QUERYING |
| FACEBOOK | TWITTER | CREATING VIDEO | SLIDESHARE |

FOR RIVER GUIDE EMPLOYMENT ONLY:

ARE YOU A CERTIFIED GUIDE ALREADY? _____

IF SO, WHEN AND WHERE DID YOU GET THE CERTIFICATION? _____

TOTAL COMMERCIALY GUIDED RIVER MILES: _____

RIVER MILES SIGNED OFF BY CERTIFIED INSTRUCTOR: _____ NAME OF INSTRUCTOR _____

PHONE OF INSTRUCTOR: _____ COMPANY INSTRUCTOR WORKED FOR: _____

LIST NUMBER OF COMMERCIAL RIVER MILES: _____ PRIVATE TRIP RIVER MILES: _____ TOTAL MILES: _____

WHAT RIVERS HAVE YOU GUIDED ON COMMERCIALY AND WHAT YEARS?

LIST SAFETY CERTIFICATIONS (FIRST AID, WILDERNESS FIRST AID, CPR....)

_____ EXPIRATION DATE: _____

_____ EXPIRATION DATE: _____

_____ EXPIRATION DATE: _____

_____ EXPIRATION DATE: _____

FOR JEEP DRIVER EMPLOYMENT ONLY:

DO YOU HAVE A CLEAN DRIVING RECORD? _____

LIST LISCENSE NUMBER AND STATE: _____

LIST ANY PRIOR DRIVING EXPERIENCE YOU HAVE, IF ANY: _____

FOR BUS DRIVER EMPLOYMENT ONLY:

DO YOU HAVE A CDL? _____

DO YOU HAVE A CLEAN DRIVING RECORD, IF NOT EXPLAIN? _____

LIST LISCENSE NUMBER AND STATE: _____

LIST ANY PRIOR DRIVING EXPERIENCE YOU HAVE, IF ANY: _____

IF STUDENT: PLEASE LIST 3 TEACHER REFERENCES

PROFESSOR: _____ **PHONE:** _____

E-MAIL: _____

PROFESSOR: _____ **PHONE:** _____

E-MAIL: _____

PROFESSOR: _____ **PHONE:** _____

E-MAIL: _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the employers listed, with the exception of current employer is indicated. I authorize previous employers to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

SIGNATURE: _____ **DATE:** _____

Position

May we contact current employer? Yes No

Previous Employer

City/State/Zip

Phone Number

Position

May we contact previous employer? Yes No

SCHOOL(S) ATTENDED

High School

Name of School _____
City/State

College

Name of School _____
City/State _____
Dates Attended _____
Year Graduated

Other

Name of School _____
City/State _____
Dates Attended _____
Year Graduated

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____ Race _____ Sex _____

Telephone (____) _____

Signature

Date Signed