

**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** (Circle one or more):

**Raft Guide** (must be 18+)      **4x4 DRIVER** (must be 25+)      **BUS DRIVER** (must be 18+)

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: \_\_\_\_\_

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 \_\_\_\_\_

ARMED SERVICES?: \_\_\_\_\_ RANK: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELLONY? YES NO

IF YES, PLEASE DESCRIBE CONDITIONS OF THE OFFENSE: \_\_\_\_\_

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

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO

WHEN? \_\_\_\_\_ WHAT POSITION? \_\_\_\_\_

**FORMER EMPLOYERS** (CONTACT INFO MUST BE COMPLETE, ESPECIALLY PHONE & 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

**IF STUDENT: PLEASE LIST 3 TEACHER REFERENCES** If not a student, we will use your past employers as references.

PROFESSOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PROFESSOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PROFESSOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**FOR EXPERIENCED RIVER GUIDE EMPLOYMENT ONLY:**

WHEN AND WHERE DID YOU GET THE CERTIFICATION? \_\_\_\_\_

WHAT WE NEED FROM YOU: PLEASE SUBMIT WITH APPLICATION

- IF COLORADO, PLEASE SUBMIT WITH APPLICATION YOUR MINIMUM GUIDE QUALIFICATION FORMS
- IF OUT OF STATE, PLEASE FILL OUT AN OUT OF STATE TRAINED FORM AND SUBMIT WITH APPLICATION

[http://www.parks.state.co.us/SiteCollectionImages/parks/Programs/BoatingProgram/RiverOutfitters/OOS\\_Guide\\_Qual.pdf](http://www.parks.state.co.us/SiteCollectionImages/parks/Programs/BoatingProgram/RiverOutfitters/OOS_Guide_Qual.pdf)

- Also send in your Commercial River Log

LIST NUMBER OF COMMERCIAL RIVER MILES: \_\_\_\_\_ PRIVATE TRIP RIVER MILES: \_\_\_\_\_ TOTAL MILES: \_\_\_\_\_

Please Provide Copies of Safety Certifications (First Aid, Wilderness First Aid, CPR, Swift water....) with your application:  
\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**FOR JEEP DRIVER EMPLOYMENT ONLY:**

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

WHAT WE NEED FROM YOU: PLEASE SUBMIT WITH APPLICATION.

- COPY OF YOUR DRIVER LICENCES
- COPY OF YOUR DRIVING RECORD (CAN GET AT DMV)
- MEDICAL EXAMINATION CARD (IF AVAILIBLE)
- FIRST AID/CPR (IF AVAILIBLE)

LIST ANY PRIOR DRIVING EXPERIENCE YOU HAVE, IF ANY: \_\_\_\_\_

**FOR BUS DRIVER EMPLOYMENT ONLY:**

DO YOU HAVE A COMIRCIAL DRIVER LICENCE? \_\_\_\_\_

WHAT CLASS AND ENDORSMENTS? \_\_\_\_\_

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

WHAT WE NEED FROM YOU: PLEASE SUBMIT WITH APPLICATION.

- COPY OF YOUR DRIVER LICENCES
- COPY OF YOUR DRIVING RECORD (CAN GET AT DMV)
- MEDICAL EXAMINATION CARD (IF AVAILIBLE)

LIST ANY PRIOR DRIVING EXPERIENCE YOU HAVE, IF ANY: \_\_\_\_\_

**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 form 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: \_\_\_\_\_

## Employee Authorization to Release Records

I understand and agree that:

The information supplied was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of Mild to Wild to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify Mild to Wild and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

### EMPLOYEE/APPLICANT

\_\_\_\_\_  
Last Name                                      First Name                                      Middle  
\_\_\_\_\_-\_\_\_\_-\_\_\_\_                                      \_\_\_\_/\_\_\_\_  
Social Security Number                      Date of Birth MM/DD

\_\_\_\_\_  
Other Name(s) Maiden/Married

\_\_\_\_\_  
Driver's License Number                      State

### RESIDENCES (Starting with current)

\_\_\_\_\_  
Street Address                                      City/State                                      Zip  
How Long? \_\_\_\_\_

\_\_\_\_\_  
Street Address                                      City/State                                      Zip  
How Long? \_\_\_\_\_

EMPLOYMENT

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
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 (\_\_\_\_) \_\_\_\_\_

nj

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed