

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

- 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