

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? _____

LOCATION DESIRED

(Circle one or more): River Guides must be 18+

Durango Moab Vernal Salt Daily Multi-day

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: _____

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 FELONY? 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

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO

WHEN? _____ WHAT POSITION? _____

FORMER EMPLOYERS (CONTACT INFO MUST BE COMPLETE)

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

River Guide Experience

ARE YOU A CERTIFIED GUIDE ALREADY, IF SO PLEASE PROVIDE GUIDE LOG _____ **IF SO, WHEN AND**
WHERE DID YOU GET THE CERTIFICATION? _____ **TOTAL**
COMMERCIALLY GUIDED RIVER MILES: _____ **(ATTACH LOGS AND TRAINING INFORMATION) # 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:** _____ **LIST SAFETY**
CERTIFICATIONS (FIRST AID, WILDERNESS FIRST AID, CPR...) PLEASE PROVIDE COPIES

_____ **EXPIRATION DATE:** _____
_____ **EXPIRATION DATE:** _____
_____ **EXPIRATION DATE:** _____
_____ **EXPIRATION DATE:** _____

IF STUDENT: PLEASE LIST 3 TEACHER REFERENCES If not a student, we will use your past employers as references. If Attached Resume lists leave blank

PROFESSOR: _____ **PHONE:** _____

E-MAIL: _____

PROFESSOR: _____ **PHONE:** _____

E-MAIL: _____

PROFESSOR: _____ **PHONE:** _____

E-MAIL: _____

- 3 -

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 the current employer 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:** _____

Employee Authorization to Release Records and Run BackGround Check

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 its agents 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