

**Mild to Wild Rafting and Jeep Trail Tours, Inc.**

50 Animas View Dr.  
Durango, CO 81301  
800-567-6745

www.Mild2WildRafting.com

Please return to: admin@mild2wildrafting.com



**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**

**DURANGO**

**MOAB**

**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 FELONY? 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:				
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	

**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, Swiftwater....) with your application:

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

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

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

**FOR JEEP DRIVER EMPLOYMENT ONLY:**

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

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WHAT WE NEED FROM YOU: PLEASE SUBMIT WITH APPLICATION.

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

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

**FOR BUS DRIVER EMPLOYMENT ONLY:**

DO YOU HAVE A COMMERCIAL DRIVER LICENSE? \_\_\_\_\_

WHAT CLASS AND ENDORSEMENTS? \_\_\_\_\_

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

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WHAT WE NEED FROM YOU: PLEASE SUBMIT WITH APPLICATION.

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

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

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

\_\_\_\_\_  
Signature

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