



## Employment Application

Canyon Voyages Adventure Co. is an Equal Opportunity Employer.  
Please complete this form. Attach any resume materials to your completed application.

**Date Application Mailed or Submitted to Canyon Voyages:** \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Local Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, when and where? \_\_\_\_\_

### Employment Information

Position Desired: \_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_ Full-time  Part-time

Date you can start: \_\_\_\_\_ Date you can work through: \_\_\_\_\_

Availability for work: Which days of the week \_\_\_\_\_ Total Hrs Available \_\_\_\_\_

Are you employed now?  Yes  No

If so, may we contact your present employer?  Yes  No

### Education Information

Name & Location	Yr. Graduated	Major Subjects	Grade Average
High School:			
College:			
Trade, Business School, Military Service:			
First Aid Training			

Do you speak any foreign languages?  Yes  No

If yes, which language(s)? \_\_\_\_\_

How would you describe your proficiency?  Fluent  Basic knowledge of words/phrases

Doing good to say hello and goodbye

Activities/Interests/Organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Former Employers** (List below your last three employers, indicate which ones we may contact.)

Date Month & Year	Employer, Address Phone, Contact Person	Wage/Salary Position Title	Reason for Leaving	Ok to Contact?
From				
To				
From				
To				
From				
To				

**Work References**

Please list the names of three people, not related to you, whom you have worked for or with for at least one year.

Name/Business	Address and Phone	Years Acquainted
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

In Case of Emergency, Notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I have read, understood, and agree to the above statement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Canyon Voyages Adventure Co., P.O. Box 416, Moab, UT 84532, 435-259-6007, Fax 435-259-9391  
[info@canyonvoyages.com](mailto:info@canyonvoyages.com) [www.canyonvoyages.com](http://www.canyonvoyages.com)

**CANYON VOYAGES ADVENTURE CO.  
RIVER GUIDE EMPLOYMENT SUPPLEMENT**

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Guide License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: \_\_\_\_\_

Type of First Aid Training: \_\_\_\_\_ Certification Expires: \_\_\_\_\_

Completion date of last CPR class: \_\_\_\_\_ Certification Expires: \_\_\_\_\_

Type of Swiftwater/River Rescue class: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Other Outdoor/Recreation training: \_\_\_\_\_

***Applicant, please list previous commercial guiding experience. If none, please list related river and/or outdoor experience.***

List the river sections on which you have previously guided. Indicate trip length & number of trips

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

What types of water craft are you experienced in operating? Check all that apply:

\_\_\_\_ oar rafts    \_\_\_\_ paddle rafts    \_\_\_\_ inflatable kayaks    \_\_\_\_ whitewater kayaks  
\_\_\_\_ sea kayaks    \_\_\_\_ canoes    \_\_\_\_ SUPS    \_\_\_\_ Outboard Motors

If you're selected, what strengths would you bring to your position as a Canyon Voyages

Adventure Co. river guide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What aspects of guiding would you like to learn more about or improve upon?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations/injuries which could limit or hinder your ability to guide safely?

\_\_\_\_ Yes    \_\_\_\_ No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**CANYON VOYAGES ADVENTURE CO.  
DRIVER INFORMATION**

(Driver and Guide Applicants please complete.)

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (CDL applicants only) \_\_\_\_\_

**Driver's License Information**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Are you experienced in driving and backing trailers?  Yes  No

Do you have professional driving experience?  Yes  No

If Yes, please fill out the form below.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES
		From	To	
Straight Truck				
School Bus				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

**Accident Record for Past Three Years**

DATES	NATURE OF INCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES

Have you ever been cited for driving while under the influence of alcohol or drugs?  Yes  No

If Yes, please fill out information and date(s) in the form below.

**Traffic Convictions and Forfeitures for the Past Three Years (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (Month/Year)	STATE OF VIOLATION (Location)	CHARGE/ VIOLATION	PENALTY (Forfeited Bond, Collateral and/or Points)