



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: ___ / ___ / 20___

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: Mon Tues Wed Thurs Fri Sat Sun Total Hrs Available _____

Are you employed now? Yes No

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

Education Information

Date/Month/Year	Institution	Location	Major/Subjects	Year Graduated	Grade Point Average
From: To:	HIGH SCHOOL				
From: To:	COLLEGE				
From: To:	GRADUATE SCHOOL				
From: To:	TRADE SCHOOL				
From: To:	MILITARY SERVICE			Rank	
First Aid, CPR, Other	CERTIFICATION	CERTIFICATION		CERTIFICATION	
		Expires		Expires	Expires

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	Position/Title	Employer	Employer Address	Phone	Contact Person	Wage/Salary	Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:				()-			<input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:				()-			<input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:				()-			<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Position/Title	Street Address	City/State/Zip	Phone	Years Acquainted
1					()-	
2					()-	
3					()-	

In Case of EMERGENCY NOTIFY:

Name	Relationship	Street Address	City/State/Zip	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 _____

IF YOU'RE APPLYING TO BE A CV RIVER GUIDE PLEASE COMPLETE BELOW

**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
 Recreational/Sea Kayaks Canoes SUPs Outboard Motors

What strengths would you bring to your position as a Canyon Voyages 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: _____

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)