



WILDERNESS AWARE DRIVER APPLICATION

PO Box 1550 ~ Buena Vista, CO ~ 81211
719-395-2112 ~ 800-462-7238 ~ rapids@inaraft.com

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS (DOT requires addresses for the past 3 years)

(Street) (City) (State & Zip Code) How Long? _____

(Street) (City) (State & Zip Code) How Long? _____

(Street) (City) (State & Zip Code) How Long? _____

PHONE (Home) _____ PHONE (Cell) _____

PHONE (Work) _____ PHONE (Emergency) _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

DRIVER LICENSES

License No. _____ State _____ Endorsements _____ Expiration Date _____

License No. _____ State _____ Endorsements _____ Expiration Date _____

Do you have a Current Medical Card? Yes ___ No ___

If you do not have a CDL or Medical Card, are you willing to get them? Yes ___ No ___

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Trailer, Etc.)	Dates		Approx No of Miles (Total)
		From	To	
Busses – school, tour				
Other				

ACCIDENT RECORD FOR THE PAST THREE YEARS

Date	Nature of Accident (Head-on, Rear-end, etc)	Fatalities	Injuries

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST THREE YEARS

(except for parking violations)

Date	Location	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

If the answer to A or B is YES, please attach a statement giving details

DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown: Please use additional sheets for the following questions if extra space is needed.

1. Last Employer _____
Mailing Address _____
City _____ State _____ Zip Code _____
Position Held _____
From _____ To _____
Reason for Leaving _____
Supervisor _____ Phone _____

2. Second Last Employer _____
Mailing Address _____
City _____ State _____ Zip Code _____
Position Held _____
From _____ To _____
Reason for Leaving _____
Supervisor _____ Phone _____

3. Third Last Employer _____
Mailing Address _____
City _____ State _____ Zip Code _____
Position Held _____
From _____ To _____
Reason for Leaving _____
Supervisor _____ Phone _____

1) Describe the aspects of the above jobs in which you worked with people. _____

2) Describe any mechanic experience you have. _____

3) Are you interested in doing fill in work when you're not driving? (light mechanic work, building maintenance, cleaning, etc) _____

4) How many summer seasons do you plan to work for Wilderness Aware? _____

5) When are you available to work? (Give the earliest possible date)

From _____ To _____

6) How many hours of work per week would be ideal for you? _____

7) Is your spouse supportive of you having a job in Buena Vista? Do they have a plan for their time here? _____

8) Do you have any health problems? Please describe. _____

9) Comments or other pertinent information _____

10) Personal Reference (not family or work)

Name _____ Phone _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ Applicants Signature _____