



Grand Mountain Rides, LLC

831 Ferret Ln.
420 N. Doc Susie Ave.
PO Box 1240
Fraser, CO 80442

Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Drivers License Information: State Issued: _____ Number: _____ Exp Date: _____ Issue Date: _____

(Must Provide 3 Years of Residence)

Address: _____
Street Address Apartment/Unit #

City Length at Address State ZIP Code

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Address: _____
Street Address Apartment/Unit #

City Length at Address State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Signature: _____ Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment(3 Year History)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Subject to FMCSRs(Y/N):

May we contact your previous supervisor for a reference? YES NO

Must Provide 3 years employment history.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Subject to FMCSRs(Y/N):

Signature: _____ Date: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Subject to FMCSRs(Y/N):

May we contact your previous supervisor for a reference?

YES

NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Subject to FMCSRs(Y/N):

May we contact your previous supervisor for a reference?

YES

NO

Driving Experience

Type of vehicles operated:

Experience on each:

Years Professional Driving Experience:

List last 3 years of Accidents including injuries/fatalities, nature of accident(s), and date(s):

Signature: _____ Date: _____

List of all non-parking violations in the past 3 years:

YDisclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I also certify that I have a current Valid Drivers License not subject to revocation or suspension. I also understand if such circumstances arise I am to inform my immediate supervisor within 24 hours.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____