



# RIVANNA RIVER CO. Job Application Form

Please Fill Out and Email Scan to Sonya Silver at [sonya@rivannarivercompany.com](mailto:sonya@rivannarivercompany.com) or mail to 1412 Chesapeake St, Charlottesville, VA 22902. Thanks!

**Position(s) applied for:**

River Hand \_\_\_\_\_ Driver \_\_\_\_\_ Shop/Logistics Coordinator \_\_\_\_\_

*If applying for the Driver or Guide position, please fill out the Motor Vehicle Record form at the end of this application.*

Please feel free to attach a Resume if you have one.

**Personal details**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Preferred name: \_\_\_\_\_  
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Date of Birth: \_\_\_\_\_ (must be 15 yrs or older by initiation of employment)

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

Telephone: \_\_\_\_\_

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

**Previous employment (most recent first)**

Employer name/ establishment	Dates from/to	Position held	Reason for leaving

**Educational History (most recent first)**

Name of School \_\_\_\_\_ Dates from/to \_\_\_\_\_ Degree Earned or Expected \_\_\_\_\_

- 1.
- 2.
- 3.



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### Current Pertinent Certifications/Licenses (CPR, First Aid, Life Guard, CDL, etc.)

Qualification title	Institution/training provider	Year completed

**Please Note:**

**All of our positions are seasonal, with work available late April-early October.**

**Are you able and willing to work weekends?** Yes \_\_\_\_ No \_\_\_\_

Date you will be able to start work: \_\_\_\_\_ Date you will need to end work: \_\_\_\_\_

List dates of planned vacations or other foreseeable absences from work:  
\_\_\_\_\_

Please provide any other information that you identify as being pertinent to this application (eg availability constraints, medical conditions that might prevent strenuous physical work, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What personal characteristics and qualities make you a great fit for the job?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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***Thanks for using this page to tell us a little bit about who you are:***

Please tell us about one a favorite memory of being in nature or of an outdoor adventure:

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Tell us about a time you worked hard to take care of someone's needs or served a cause:

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What motivates you to want to work for the Rivanna River Company?:

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**Declaration**

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment.

Signed:

Date:

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**Note to Applicants:**

**If you are applying for a Driver or Guide Position, Please Fill Out this Form:**

**AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

VA Code 46.2-208 classifies driver abstracts as privileged records and limits the release of an abstract of a driver's record to only employer, potential employer, or authorized agent who has been authorized in writing by such driver to obtain the driver's record.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by  
Rivanna River Company LLC

\_\_\_\_\_  
Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by

Hanckel Citizens Insurance Corp/Progressive  
\_\_\_\_\_

Name of Agency

4. That the undersigned understands that his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.

Name of employee/potential employee \_\_\_\_\_  
(Print full name as it appears on your license)

License Number & State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Commercial Driver's License (CDL): Yes/No    If yes, what year was it issued? \_\_\_\_\_

Signature of employee/potential employee: \_\_\_\_\_

Date: \_\_\_\_\_