



New River Trail Rides, Inc.  
P.O. Box 67  
Oak Hill, WV 25901  
Phone: 1-888-743-3982 Fax: (304) 465-4809

**Job Application**

We are currently seeking qualified applicants to fill positions for this season. Please complete the following job application and submit it to us for consideration. Before you complete the form, please take a moment to review the job description.

NOTE: Our insurance will not allow us to employ people under the age of 18 to work with the horses. All applicants seeking to be a trail guide must have First Aid and CPR Certificates and preferably at least two years of experience working with horses. If you are seeking an office job, this does not apply to you. All employees must have their own transportation. If you have a resume, you may mail it to us along with this Job Application to New River Trail Rides, Inc., P.O. Box 67, Oak Hill, WV 25901, e-mail it to us at [info@ridewva.com](mailto:info@ridewva.com), or fax it to us at (304) 465-4809.

Position Applying For: Office Job \_\_\_\_\_ Trail Guide \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_

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

Telephone Number(s):(\_\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

Have you ever had a DUI? Yes \_\_\_\_\_ No \_\_\_\_\_

**Is your driving record acceptable for an insurance company audit?(less than 6 points and no major convictions)      Yes\_\_\_\_\_      No\_\_\_\_\_**  
**If no, please explain:**

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**Do you have any condition which could affect your ability to perform the duties of guiding?**  
**Yes\_\_\_\_\_      No\_\_\_\_\_**  
**If yes, please explain:**

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**How did you hear about New River Trail Rides, Inc.?**

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**Weekly Salary Expected?\_\_\_\_\_**

**Date you are available to start work:\_\_\_\_\_**

**School schedule for fall return:\_\_\_\_\_**

**Typical hours at the barn are NOT 9 to 5. We have several shifts beginning at 6:30 a.m. and running to 11:00 p.m. sometimes. Employees are expected to be able to cover all shifts making for long days with a lot of physical exertion. Explain how you are able to balance work and high expectations for guest interactions:**

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**Please use the following space to list any related skills (customer service, equine, equipment operation, etc.):**

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### **Educational History**

**Name and Address of High School Attended:\_\_\_\_\_**

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**Date of Completion:\_\_\_\_\_**

**College Attending/Attended:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Please describe your educational/career goals three years from now:**

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

### **Work Experience**

**Please list your last three places of employment, beginning with the most recent.**

**May we contact your previous employers?      Yes \_\_\_\_\_      No \_\_\_\_\_**

#### **Position One**

**Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

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

**Job Title:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_  
\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

#### **Position Two**

**Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

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

**Job Title:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_  
\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Position Three**

**Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone Number: (\_\_\_\_) \_\_\_\_\_**

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

**Job Title:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_  
\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Character References**  
**(Cannot be family members)**

**Reference One**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Reference Two**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Reference Three**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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