

*Please drop your application off at gym

Employment Application

Applicant Information								
Full Name:				Date:				
	Last	First		M.I.				
Address:	-							
	Street Address				Apartment/Unit #			
	City			State	ZIP Code			
Phone:		E	mail					
Date Availal	Available: Social Security No.:							
Position App	olied for:							
Are you a ci	tizen of the United States	YES NO	If no, are you	authorized to wor	YES NO			
Have you ev	ver been convicted of a fe	YES NO Only?						
If yes, expla	in:							
Education								
High Schoo	l:	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:				

References								
Please list three profession	nal references.							
Full Name:				Relationship:				
0				Phone:				
Address:								
Full Name:				Relationship:				
C				Phone:				
Addross								
Full Name:				Relationship:				
C				Phone:				
Address								
	Previous E							
Company:				Phone:				
				Phone:Supervisor:				
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:				
Responsibilities:								
From:	To:	Reason for	r Leaving:					
May we contact your previo	ous supervisor for a reference?	YES	NO					
0				Dhara				
Company:Address:				Phone:				
Address.				Supervisor:				
Job Title:	Starting Salary:			Ending Salary:				
Responsibilities:								
From:	To:	Reason for	r Leaving:					
		YES	NO					
May we contact your previous	ous supervisor for a reference?							
Company:				Phone:				
				Supervisor:				
Job Title:	Starting S	Salary: \$		Ending Salary:\$				
		· , <u>+</u>		. J J - +				

Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference? YES NO □							
Climbing Experience							
Years climbing:	From: To:						
ypes of climbing: If applicable- Years lead climbing experience:							
If applicable- Maximum lead climbing & bouldering grades:							
Availability							
What days?							
What times?	Hours desired?						
Discla	nimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.							
I authorize a background check may be done on my behalf.							
If this application leads to employment, I understainterview may result in my release.	and that false or misleading information in my application or						
Signature:	ure: Date:						

Please provide a resume if available