

# ROCKTOWN CLIMBING GYM

## Employment Application



PLEASE COMPLETE ALL PAGES IN BLUE/BLACK INK

APPLICANT INFORMATION										
Last Name			First Name			MI		Date		
Present Address										
City			ZIP		Phone #		Cell #			
Social Security Number				E-mail Address						
If under 18 please list age _____		If offered employment, will you be able to provide documents establishing that you are at least 18 years of age?								
Are you a US citizen?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If offered employment, will you be able to provide documents establishing that you are legally authorized to work in the United States?										
Position Applied For			Desired Salary \$		per hour/ per month		Date Available			
Employment desired <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL OR PART-TIME					How many hours can you work weekly?					
Days & hours available to work	SUN	MON	TUE	WED	THU	FRI	SAT			
Can you work nights?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a means of transportation to/from work?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Do you have a driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License Number			State of issue			
Have you ever been in the armed forces?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specialty		Date Entered		Discharge Date		
Have you ever been convicted of a crime? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.										

EDUCATION			
High School	From	To	Major/Degree
Address			
College	From	To	Major/Degree
Address			
Bus/Trade School	From	To	Major/Degree
Address			
Professional School	From	To	Major/Degree
Address			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.			

**REFERENCES**

Please list two references other than relatives or previous employers.

Full Name	Relationship
Address	Phone # ( )
Full Name	Relationship
Address	Phone # ( )

**PREVIOUS EMPLOYMENT**

Company	Phone # ( )		
Address	Supervisor		
Job Title	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
From	To	Starting Salary \$	Final Salary \$
Responsibilities	Reason for leaving		
Company	Phone # ( )		
Address	Supervisor		
Job Title	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
From	To	Starting Salary \$	Final Salary \$
Responsibilities	Reason for leaving		
Company	Phone # ( )		
Address	Supervisor		
Job Title	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
From	To	Starting Salary \$	Final Salary \$
Responsibilities	Reason for leaving		

**APPLICATION FORM WAIVER (PLEASE READ CAREFULLY)**

In exchange for the consideration of my job application by Rocktown, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Rocktown, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Rocktown, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. 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
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Rocktown, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

