



EMPLOYMENT APPLICATION FORM

Applications are considered for all positions without regard to race, color, national origin, religion, age, sex (including pregnancy), sexual orientation, veteran's status, marital status, genetic information, disability status, or any other status protected by federal, state or local law.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Have you applied here before? Yes No When? _____ Position applied for? _____

Can Start When _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Colleges Attended:

Years

Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any special qualifications for this job:

Drivers License # _____ State _____ Expiration _____

Do you have transportation to and from work? Yes NoAre you a veteran of the U.S. Military service? Yes NoHave you ever been convicted of a crime? Yes No If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) were committed, sentence imposed & types of rehabilitation.**REFERENCES**

NAME

RELATIONSHIP

PHONE/EMAIL

I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that if I am employed, I may be discharged if I supplied falsified or incomplete information. I authorize Climb UP to investigate my personal background, qualifications, and all statements made in this application. I release Climb UP and anyone supplying information to Climb UP, as well as their respective agents, from liability in connection with this investigation. I understand that if I am employed, my employment is for no definite period of time and that, while I may resign at any time for any reason, Climb UP also reserves the right to end my employment at any time for any reason. I also understand that Climb UP has the right to make any unilateral changes in the employment relationship it deems appropriate.

Applicant's Signature_____
Date

Thank you for completing this application form and for your interest in employment with us.
Climb UP is an equal opportunity employer.