

THE CLIMBING WALL, INC.

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

In order to be considered for employment, this application must be completed in its entirety.

GENERAL

PLEASE PRINT

Date: _____
Month Day Year

Name: _____
First Middle Last

Current Address: _____
Street City State Zip

Age _____ **Birth Date** _____ **Phone No.** _____
If under 21 _____ **If under 21** _____
Mo/Day/Year

Email address _____

Position for which you are applying: _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over 18 years of age? YES [] NO []
(If no, you may be required to provide authorization to work)

Have you ever been convicted of a felony or a misdemeanor, which resulted in imprisonment within the last seven years? YES [] NO []

If yes, please explain.

(Conviction will not necessarily result in denial of employment)

Have you previously applied for employment at The Climbing Wall? YES [] NO []

Date available for employment: _____

Applying for (Check only one): Full Time [] Part Time [] Seasonal []

Days and Hours Available:

(Shifts for Supervisors are usually 3PM-11PM weekdays and 12PM-6PM weekends;
for Desk Personnel 5PM-11PM weekdays and 12PM-6PM weekends)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

If applying for a part-time position, how many hours a week do you want? _____
Min to Max

EMPLOYMENT

List your last three places of employment, starting with your present or most recent location.

1) Name of Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Type of Business: _____
Date of Employment From: _____ To: _____
Job Title and Responsibilities: _____

Name /Title of Supervisor: _____ Phone: _____
Reason for leaving: _____

2) Name of Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Type of Business: _____
Date of Employment From: _____ To: _____
Job Title and Responsibilities: _____

Name /Title of Supervisor: _____ Phone: _____

Reason for leaving: _____

3) Name of Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Type of Business: _____

Date of Employment From: _____ To: _____

Job Title and Responsibilities: _____

Name /Title of Supervisor: _____ Phone: _____

Reason for leaving: _____

We may contact the employers listed above, unless you specifically indicate you do not want us to.

REFERENCES

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

EDUCATION

Type of School	Name of School	Location of School (City/State)	Courses Majored In	Last Year Completed		
High School				9 10 11 12	Diploma	Grade Avg.
College				1 2 3 4	Degree	Grade Avg.
College				1 2 3 4	Degree	Grade Avg.
Graduate School					Degree	Grade Avg.
Business/ Trade School					Degree	Grade Avg.

Extracurricular Activities: _____

Leadership Positions Held: _____

Volunteer Experience: _____

CLIMBING EXPERIENCE

Include how long you've been climbing, classes, training, certifications, climbing locations, and any other relevant information.

ROUTE SETTING EXPERIENCE

Complete this section if applying for a setting position.

How long have you been setting: _____

List the places you have set (include gym name and location): _____

Have you primarily set boulder problems, top-roping routes, or lead routes? _____

What is the hardest grade you're most comfortable setting? Bouldering: _____

Top-roping: _____ Lead: _____

Approximately how long does it take you to set a good Boulder problem: _____

Top-roping route: _____ Lead route: _____

PLEASE READ CAREFULLY

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION FOR EMPLOYMENT DOES NOT GUARANTEE THAT I HAVE BEEN EMPLOYED BY THIS COMPANY.

IN CONSIDERATION OF MY EMPLOYMENT, IF I AM EMPLOYED, I AGREE TO CONFORM TO THE EMPLOYMENT POLICIES OF THE COMPANY AND UNDERSTAND I MAY VOLUNTARILY LEAVE EMPLOYMENT UPON PROPER NOTICE AND MAY BE TERMINATED BY THE CLIMBING WALL AT ANY TIME AND FOR ANY REASON.

I AUTHORIZE YOU TO COMMUNICATE WITH PERSONS LISTED AS REFERENCES, FORMER EMPLOYERS, AND ANY OTHERS WITH WHOM YOU DESIRE TO CHECK. I AGREE TO HOLD SUCH PERSONS HARMLESS WITH RESPECT TO ANY INFORMATION THEY MAY GIVE ABOUT ME.

I HEREBY AFFIRM THAT MY ANSWERS TO THESE STATEMENTS AND QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY.

I UNDERSTAND THAT ANY MISREPRESENTATION, DECEPTION, OR FALSE STATEMENT MADE IN THIS EMPLOYMENT APPLICATION MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN, MY IMMEDIATE TERMINATION.

DATE: _____ SIGNATURE OF APPLICANT: _____