

Petra Cliffs Climbing Center & Mountaineering School

105 Briggs Street, Burlington VT 05401
 (802) 657-3872 www.petracliffs.com



Employment Application

PERSONAL INFORMATION

Please print clearly or type all information

Date: _____

Last Name:		First Name:	Middle Name/Initial:
Street Address:		City, State	Zip Code
Home Phone:		Cell Phone:	
Work Phone:		E-Mail Address:	
Social Security #:		Date of Birth:	/ /
Upon employment, can you show verification of your legal right to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony which has not been expunged or sealed by a court?			<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION APPLYING FOR:

Position Desired:		Salary Desired: \$	
How were you referred?	<input type="checkbox"/> Website <input type="checkbox"/> Newspaper	<input type="checkbox"/> Employee Referral <input type="checkbox"/> Other (provide information) →	
Have you ever applied for employment with Petra Cliffs before? If "Yes," provide dates and department/location.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Petra Cliffs? If "Yes," provide date/s and department/location.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you acquainted with or related to any employee of our company? If "Yes," identify by name and relationship.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available to Start:		Shift Preferred:	
Available to Work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Days/Hours Available:	

EDUCATION

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA/DEGREE
High School			
College			
Business, Technical, Trade School			
Activities, Honors, Offices held that are job related (If preferred, omit those that indicate race, religion, national origin, color, age, sex, or disability)			
Describe other job related training completed (If preferred, omit those that indicate race, religion, national origin, color, age, sex, or disability)			

U.S. MILITARY SERVICE

Branch/Duty/Location	Military Specialty	Highest Rank	Special Honors/Training/Schools

WORK EXPERIENCE *(begin with most recent position)*

Employer:		Address:	City/State:
Phone Number:		Supervisor:	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start rate of pay	Final rate of pay
From:	To:	\$	\$
Work performed:			
Reason for leaving (please be specific):			

Employer:		Address:	City/State:
Phone Number:		Supervisor:	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start rate of pay	Final rate of pay
From:	To:	\$	\$
Work performed:			
Reason for leaving (please be specific):			

Employer:		Address:	City/State:
Phone Number:		Supervisor:	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start rate of pay	Final rate of pay
From:	To:	\$	\$
Work performed:			
Reason for leaving (please be specific):			

Employer:		Address:	City/State:
Phone Number:		Supervisor:	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start rate of pay	Final rate of pay
From:	To:	\$	\$
Work performed:			
Reason for leaving:			

SPECIALIZED SKILLS (Skills/Certifications)

What professional job related licenses, certifications, or trainings do you hold?

ADDITIONAL INFORMATION

Do you have a reliable vehicle for travel if necessary? Yes No

PERSONAL REFERENCES- Please provide names of three persons to whom you are not related and by whom you have not been employed.

Name/Address	Phone Number	Occupation	Years Known

CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully as they constitute conditions for employment.

- 1. The information that I have provided on this application is accurate and true to the best of my knowledge.
- 2. I understand that any misrepresentation or omission of a fact on my application, resume or during an interview or hiring process may result in the refusal of employment, or if employed, immediate termination of employment.
- 3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use or retention of such information within the context of its applicant review process.
- 4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
- 5. In the event that I am employed, I agree to conform to all company rules and regulations. I understand that if I am employed, I shall be on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause.
- 6. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sundays shifts. In understand and accept these as possible conditions of my employment.
- 7. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensers, marketing partners or clients entrusted to the company.

Signature

Date

Thank you for taking the time to complete our Employment Application. Please mail or fax to MIKE ANDERSON, Owner

Petra Cliffs Climbing Center & Mountaineering School, 105 Briggs Street, Burlington, Vermont 05401 ph: (802) 657-3872 fax: (802) 657-3877

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