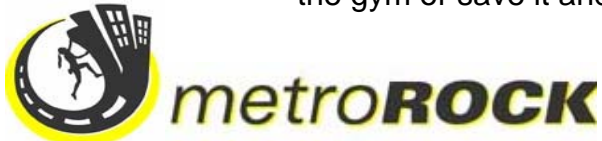


Please fill out the form below and either print it out and bring to the gym or save it and email it to metrorockeverett@gmail.com



Select which gym you are applying for from the drop down menu

Application for Employment

Name: _____
Last First Middle

Address: _____
Number Street Apt.

_____ City State Zip

Telephone: (_____) _____ Cell: (_____) _____

Email: _____

Social Security No: XXX-XX-_____ Date of Birth: _____

Position(s) applied for: _____

Date Available: _____ Expected Hourly Wage: _____

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

Have you filed an application here before? Yes No

Do you have a driver's license?	Yes	No
Driver's License No: _____	State of Issue: _____	
Expiration Date: _____		
Have you had any accidents in the past three years?	Yes	No
How Many: _____		
Have you had any moving violations in the past three years?	Yes	No
How Many: _____		
How will you get to MetroRock?	_____	

Are you CPR and First Aid Certified? Yes No

Certification Expiration Date: _____

Employment Experience

Please list your work experience for the past 5 years beginning with your present or last job.

Employer: _____	From: _____ To: _____
Address: _____	City/State/Zip: _____
Job Title: _____	Telephone: _____
Reason for Leaving: _____	
Supervisor: _____	Duties: _____

Employer: _____	From: _____ To: _____
Address: _____	City/State/Zip: _____
Job Title: _____	Telephone: _____
Reason for Leaving: _____	
Supervisor: _____	Duties: _____

Employer: _____	From: _____ To: _____
Address: _____	City/State/Zip: _____
Job Title: _____	Telephone: _____
Reason for Leaving: _____	
Supervisor: _____	Duties: _____

Employer: _____	From: _____ To: _____
Address: _____	City/State/Zip: _____
Job Title: _____	Telephone: _____
Reason for Leaving: _____	
Supervisor: _____	Duties: _____

Education

High School: _____	Graduated: Yes No
Location: _____	
Years Completed: _____	Major & Degree: _____

College: _____	Graduated: Yes No
Location: _____	
Years Completed: _____	Major & Degree: _____

Grad. School: _____	Graduated: Yes No
Location: _____	
Years Completed: _____	Major & Degree: _____

Climbing Experience

Number of years climbing: _____ Grade Ability: _____

Can you lead climb? Yes No Grade Ability: _____

Do you Trad. Climb? Yes No Grade Ability: _____

Do you Ice Climb Yes No Grade Ability: _____

Have you ever taught someone to belay? Explain:

List Certifications: _____

Instructional Experience: _____

Briefly describe why you climb: _____

Please describe other climbing successes and accomplishments: _____

Professional References (Not Relatives)

Name	Relationship	Occupation	Phone
1. _____			
2. _____			
3. _____			

Application Form Waiver

In exchange for the consideration of my job application by MetroRock (hereinafter called “the Company”), I agree that:

Neither the acceptance of the 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 MetroRock, or other 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 a Manager of the Company. Both the undersigned and MetroRock may end the employment relationship at any time, without specific 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 statement 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.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

This company 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.

Staff Detailed Availability

Name: _____ Date: _____
Last First

Please mark all available time slots with a “check”.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Noon to 3 pm					
3 pm to 6 pm					
6 pm to 10 pm					

	Saturday	Sunday
9 am to 10 am		
10 am to 2 pm		
2 pm to 6 pm		
6 pm to 10 pm		
All Day		

Preferred number of hours per week: _____

* If you are assigned a shift you are responsible for showing up every week, or finding a substitute to come in for you on your scheduled hours.

Comments: