

UPPER LIMITS

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

In order to be considered for employment, this application must be filled out in its ENTIRETY.
Resumes, though certainly welcome, should not be submitted in lieu of requested information.

GENERAL

PLEASE PRINT

Date: _____
Month Day Year

Name: _____ Social Security No. _____
First Middle Last

Present Address: _____
Street City State Zip

Age Birth Date Area Code Other
If under 21 _____ If under 21 _____ Phone No. _____ Phone No. _____
Mo/Day/Year

Position for which you are applying: _____

Please carefully review the job description for the position for which you are applying.
What is a fair starting salary for this position? _____ per hour or _____ per year.

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 the denial of employment.)

Who referred you to Upper Limits? _____

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

Date available for employment: _____

Are you available to work: Days [] Nights [] Weekends []

Days and Hours available: (If employed, I will notify my supervisor in writing, should my availability change.)

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

If applying for a part time position, how many hours per week are you wanting? _____

EMPLOYMENT

Start with your present or most recent position and record all periods of employment and unemployment during the past 10 years.

Name of Employer :	From	To	Name of Immediate Supervisor	Title
Street Address	Mo. Year	Mo. Year	Your Position	
City State Zip Code	Rate of Pay Beginning Final		Describe the work performed	
Telephone Number ()	Why did you leave this job?			
Name of Employer :	From	To	Name of Immediate Supervisor	Title
Street Address	Mo. Year	Mo. Year	Your Position	
City State Zip Code	Rate of Pay Beginning Final		Describe the work performed	
Telephone Number ()	Why did you leave this job?			
Name of Employer :	From	To	Name of Immediate Supervisor	Title
Street Address	Mo. Year	Mo. Year	Your Position	
City State Zip Code	Rate of Pay Beginning Final		Describe the work performed	
Telephone Number ()	Why did you leave this job?			

EDUCATION

Type of School	Name of School	Location of School	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: (Exclude activities relating to race, religion, national origin, gender or disability) _____

Leadership Positions Held: (Exclude activities relating to race, religion, national origin, gender or disability) _____

Volunteer Experience: (Exclude activities relating to race, religion, national origin, gender or disability) _____

Skills Acquired: _____

CLIMBING EXPERIENCE

Climbing Experience: _____

Skills Acquired: _____

PLEASE READ VERY CAREFULLY

IN MAKING THIS APPLICATION FOR EMPLOYMENT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS, OR OTHER ACQUAINTANCES. SUCH AN INQUIRY WOULD INCLUDE INFORMATION AS TO CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

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.

IF EMPLOYED, I AGREE TO ENGAGE IN NO OUTSIDE ACTIVITY WHICH WOULD INVOLVE A MATERIAL CONFLICT OF INTEREST WITH, OR WHICH COULD REFLECT ADVERSELEY ON THE COMPANY. I UNDERSTAND THIS DECISION IS TO REST WITH THE COMPANY.

IF EMPLOYED, I AGREE TO HOLD IN STRICTEST CONFIDENCE ANY INFORMATION CONCERNING THE COMPANY, ITS INSUREDS, AND ITS AGENTS WHICH MAY COME TO MY KNOWLEDGE.

IN CONSIDERATION OF MY EMPLOYMENT, IF I AM EMPLOYED, I AGREE TO CONFORM TO THE EMPLOYMENT POLICIES OF THE COMPANY, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN THE PRESIDENT, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

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

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.

I UNDERSTAND THAT THE COMPANY MAY REQUIRE THE SUCCESSFUL COMPLETION OF A URINALYSIS FOR DRUG TESTING PURPOSES AND/OR A BLOOD ALCOHOL TEST AS A CONDITION OF EMPLOYMENT. BY SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I HEREBY CONSENT TO EITHER OR BOTH OF SAID TESTS, AT THE COMPANY'S DISCRETION.

DATE _____ SIGNATURE OF APPLICANT _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED