



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Personal Information

Last Name _____ First _____ Middle (required) _____

Street Address _____

City, State, Zip _____

Social Security # _____ Are you 18 or older? Yes No

Drivers License # _____ Applicants Sex (please circle) Male Female

Position Desired _____ Hourly Pay Expected \$ _____

Home Phone Number () _____ Email Address _____

Cell Phone Number () _____

When will you be available to begin work? _____

Have you ever applied for employment with us? YES NO

Are you legally eligible for employment in the United States? YES NO

Are you available for full time work (40 hours per week)? YES NO

Will you be available to work overtime if asked? YES NO

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? YES NO
If "yes" please describe in full

Office Use Only
Date Received: _____ **Employee Initial:** _____

Education History

High School Name

Years Completed

Did you graduate?

YES NO

College Name

Years Completed

Did you graduate?

YES NO

Course of Study _____

Graduate School Name

Years Completed

Did you graduate?

YES NO

Course of Study _____

Business/Trade School Name

Years Completed

Did you graduate?

YES NO

Course of Study _____

Do you have other special training or skills (languages, equipment operation, special tools, etc.)?

Employment History

Please give accurate, complete employment info. Start with your present or most recent employer.

Company Name 1

Supervisor Name

Address

Telephone

Job Title or Description

Reason for leaving

Employed from _____ **to** _____

Hourly Pay \$ _____

Company Name 2

Supervisor Name

Address

Telephone

Job Title or Description

Reason for leaving

Employed from _____ **to** _____

Hourly Pay \$ _____

Company Name 3

Supervisor Name

Address

Telephone

Job Title or Description

Reason for leaving

Employed from _____ to _____

Hourly Pay \$ _____

Company Name 4

Supervisor Name

Address

Telephone

Job Title or Description

Reason for leaving

Employed from _____ to _____

Hourly Pay \$ _____

May we contact the employer(s) listed above? YES NO

If "no" please explain

References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Military History

Did you serve in the U.S. Armed Forces YES NO

If "yes" what branch? _____

Describe any training received relevant to the position for which you are applying.

The information requested is needed for legally permissible reasons, including, without limitations, national security considerations, legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as ancestry, marital status, and sexual preference.

Medical Questionnaire

All persons are required to furnish health condition information and if necessary, submit to an examination by a company designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These questions pertain only to the essential functions of the job.

- | | | |
|--|-----|----|
| 1. Do you have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position with or without reasonable accommodations? | YES | NO |
| 2. Do you have any back problems or have you sustained any back injuries? | YES | NO |
| 3. Have you had any serious wrist problems including carpal tunnel syndrome? | YES | NO |

Can you perform these functions or tasks?

- | | | |
|--|-----|----|
| 4. Stand for long periods of time during your shift. | YES | NO |
| 5. Bend and stoop for long periods of time during the day. | YES | NO |
| 6. Lift and or carry up to 50 lbs. or more if required during your shift. | YES | NO |
| 7. Work around dust and debris and wear a respirator if required. | YES | NO |
| 8. Wear proper safety equipment - hard hats, goggles, glasses, respirators, etc. | YES | NO |
| 9. Grip, grasp or twist using your hands and wrists regularly during your shift. | YES | NO |
| 10. Work a ten hour shift if required. | YES | NO |
| 11. Reach over your head with 25-35 lb. loads regularly during your shift. | YES | NO |
| 12. Climb stairs with loads regularly during your shift. | YES | NO |
| 13. Understand hazardous communication and safety information | YES | NO |

Employment Status

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Initials _____

I understand that my employment with Vertical Endeavors, Inc. is subject to a probationary period of ninety (90) days, during that time my employment will be considered temporary in status. In addition, Vertical Endeavors, Inc. reserves the right to terminate my position within this time period for any reason.

Initials _____

I understand that Part-time employees must be available to work a minimum of three (3) shifts per scheduled week. Not being available to work this minimum could result in loss of employee benefits and/or position. All employees are also required to be available to work special events and competitions.

Initials _____

Signature _____

Date _____

Printed Name _____