

# FRONT RANGE CLIMBING CO.

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone (     )		
Address					
Full Name			Relationship		
Company			Phone (     )		
Address					
Full Name			Relationship		
Company			Phone (     )		
Address					

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

YEARS GUIDING EXPERIENCE					
<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 4 Years	<input type="checkbox"/> 5 Years	<input type="checkbox"/> 6 to 10 Years	<input type="checkbox"/> 10+ Years

GUIDABLE CLIMBING LEVEL					
<b>FREE:</b>					
<input type="checkbox"/> 5.5 to 5.7	<input type="checkbox"/> 5.8 to 5.9	<input type="checkbox"/> 5.10a/b to 5.10c/d	<input type="checkbox"/> 5.11a/b to 5.11c/d	<input type="checkbox"/> 5.12a/b to 5.12c/d	<input type="checkbox"/> 5.13 and up
<b>AID:</b>					
<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	
<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> A5	
<b>ICE:</b>					
<input type="checkbox"/> WI1	<input type="checkbox"/> WI2	<input type="checkbox"/> WI3	<input type="checkbox"/> WI4	<input type="checkbox"/> WI5	<input type="checkbox"/> WI6
<input type="checkbox"/> M1-5	<input type="checkbox"/> M5-7	<input type="checkbox"/> M8-10	<input type="checkbox"/> M10+		

BOULDERING:														
<input type="checkbox"/> V1	<input type="checkbox"/> V2	<input type="checkbox"/> V3	<input type="checkbox"/> V4	<input type="checkbox"/> V5	<input type="checkbox"/> V6	<input type="checkbox"/> V7	<input type="checkbox"/> V8	<input type="checkbox"/> V9	<input type="checkbox"/> V10	<input type="checkbox"/> V11	<input type="checkbox"/> V12	<input type="checkbox"/> V13	<input type="checkbox"/> V14	<input type="checkbox"/> V15

**CLIMBING LOG INFORMATION (LIST TOP 5)**

- 1.
- 2.
- 3.
- 4.
- 5.

**CERTIFICATIONS:**

<input type="checkbox"/> First Aid & CPR Exp Date: _____	<input type="checkbox"/> First Responder Exp Date: _____	<input type="checkbox"/> Wilderness First Aid Exp Date: _____	<input type="checkbox"/> WFR Exp Date: _____	<input type="checkbox"/> EMT Exp Date: _____
<input type="checkbox"/> Paramedic Exp Date: _____	<input type="checkbox"/> AMGA Single Pitch	<input type="checkbox"/> AMGA Rock Inst	<input type="checkbox"/> AMGA Rock Guide	<input type="checkbox"/> WEA

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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