



ROCK GYM
& ADVENTURE CENTER

215-230-9085

3853 OLD EASTON RD
DOYLESTOWN, PA 18902

Adventure Center Inc. Job Application

I am applying for: employment a volunteer position either

NAME _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell/Pager _____ e-mail _____

EDUCATION

Name and Location	# of Years Completed	Did you graduate	Course of Study

EMPLOYMENT HISTORY (Complete all information for your last 3 employers starting with most recent)

From	To	Employer	Phone
Job Title		Address	
Supervisor		Reason for leaving	
May we contact for reference?		Starting rate	Ending rate
From	To	Employer	Phone
Job Title		Address	
Supervisor		Reason for leaving	
May we contact for reference?		Starting rate	Ending rate
From	To	Employer	Phone
Job Title		Address	
Supervisor		Reason for leaving	
May we contact for reference?		Starting rate	Ending rate

REFERENCES (Provide 3 references other than employers)

Name	Relation	Number of Years Known	Phone Number

Have you climbed at the Doylestown Rock Gym? YES NO Approx. last visit

Are you a full certified belayer at the Doylestown Rock Gym? YES NO Approx. date of test

Have you climbed at any other facilities? YES NO Where

Did you obtain a belay certification there? YES NO When

Have you lead climbed? YES NO Where

Have you ever been climbing outside? YES NO Where

Why are you interested in working at the Doylestown Rock Gym? _____

What skills or characteristics do you possess that allow you to work well with people? _____

What aspects of your personality and work ethic would you contribute to our staff? _____

Other relevant skills or certifications: _____

Desired salary range	Weekday availability
Date available to work	Weekend availability

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms explained above.

Applicant Signature _____ *Date* _____