

COLORADO WILDERNESS SPORTS, INC.

DBA ESTES PARK MOUNTAIN SHOP

APPLICATION FOR EMPLOYMENT

Welcome to Estes Park Mountain Shop. Prior to completing this application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention to our customers. We have extremely high standards of honesty, integrity and work ethic.

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, veteran status or any other legally protected status.

****PLEASE PRINT CLEARLY****

Name: Last _____ First _____ M.I. _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____

Social Security # _____-_____-_____

How did you hear of this opening _____

When can you start _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes No

Are you looking for full time employment? Yes No

If no, what hours are you available? _____

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Education: School Name and Location Year Major Degree

High School _____

College _____

College _____

Other _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

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Company name _____

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Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment is for no definite period of time, and is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason, or no reason at all, not prohibited by statute. All employment will continue on that basis.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____