Pyramid Enterprises, Inc. Rocky Mountain Recreation Company

28368 Constellation Rd. #380 Valencia, CA 91355 (661) 702-1420 (661) 702-0314 fax www.rockymountainrec.com

EMPLOYMENT APPLICATION

Please print clearly in black or blue ink

Name:	Social Security #:								
Mailing Address:	Telephone:								
		Telephone:							
Position Desired:	Locations	Locations Desired: 1							
	2 3								
Are you at least 16 years of age? Yes () No ()								
Will you accept part-time or on-call employment?	Yes () No ()								
Will you accept seasonal employment? Yes ()	No () If yes, from	n	to						
Have you ever applied for employment or wolf yes, what location and year:	•	•							
Do you have a valid Drivers License? Yes () N	lo () If no, do you h	nave reliable transpor	tation? Yes ()) No()					
List all First Aid and/or emergency care certifications you currently hold with expiration dates: First Aid () Adv. First Aid () CPR () EMT ()									
Have you ever been convicted of a felony or crim If yes, please describe:	·	•	nded? Yes ()	No ()					
Are you able to perform the essential tasks and of the state of the st	•		ving? Yes()N	lo ()					
EMPLOYMENT HISTORY									
Company Name & Address:	Telephone:	Position:	Start Date:	End Date:					
	Reason For Leaving:		Start Pay:	End Pay:					
Company Name & Address:	Telephone:	Position:	Start Date:	End Date:					
	Reason For Leaving:	:	Start Pay:	End Pay:					
Company Name & Address:	Telephone:	Position:	Start Date:	End Date:					
	Reason For Leaving:	<u> </u> :	Start Pay:	End Pay:					
Have you ever applied for employment or wolf yes, what location and year:	lo () If no, do you had ions you currently hold ions, which could impede duties of the position for Telephone: Reason For Leaving: Telephone: Telephone:	ny? Yes () No () nave reliable transport with expiration dates R () e your ability to be both or which you are apply Position: Position:	tation? Yes () EMT () nded? Yes () N ving? Yes () N Start Date: Start Date: Start Date: Start Date:	No () No () lo () End Date: End Pay: End Pay: End Date:					

CERTIFICATES	S / AWARDS /	LICENSES:					
	Name	Name & Location Dates Attended Graduate		Degree			
High School							
College							
Vocational							
Business							
REFERENCES:	: Persons with	first-hand knowled	lge of your w	ork performa	ance, exclude family	V	
NAME		PHONE NUMBER		OCCUPATION		RELATIONSHIP	
How did you lea	ırn about appl	ying with Pyramid E	Enterprises, I	nc.?			
and that the ar undersigned app material fact on	nswers given plicant, have this applicat	by me are true a personally complet ion or on any docu	and correct ted this appl ument used	to the best ication. I un to secure el	of my knowledge. derstand that any	l fu omissi grou	chances for employmen orther certify that I, the con or misstatements o ands for rejection of this covery.
matters related any and all lett disclosures. In	to my suitabil ers, reports a addition, I h associates fr	ity for employment and other informati nereby release the	and, further ion related to company,	r, authorize no no my work my former	ny former employe records, without gi employers and all	rs to c ving r other	rd, education and othe lisclose to the company ne prior notice of such persons, corporations ny way related to such
intended to crea employed, my e prior notice, at	ate an employing the an employment is the option of	ment contract betw for no definite or either myself or	een the com determinable the compan	pany and me e period and y, and that	e. In addition, I und I may be terminate no promises or re	lerstar d at a preser	ch may be granted, is and and agree that if I am ny time, with or withou ntations contrary to the company's designated
Applicant Signat	ture:				Date:		
Office Use Onl	у				Date of Int	ervie	w:

Date of Hire: