

The Synergy Project LLC

Employment Application

Date of Application _____

Applicant Information

Full Name			
Telephone No.	<input type="checkbox"/> Mobile <input type="checkbox"/> Day <input type="checkbox"/> Evening	Email Address	
Are you:		Social Security No.	
18+ years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PROVIDE LATER	
willing to consent to a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License State/No.	
legally eligible to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PROVIDE LATER	

Please list home addresses for past 3 years, beginning with your current address.

Street Address / Apt. No	City & State	Zip Code	Years

Position Details

Position Sought		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Desired Salary	\$	Available Start Date
Willing to work any shift, incl. nights & weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please list limitations

Other Information

Anyone referred or friends/relatives working at Synergy?	Climbing and Ninja Experience (e.g. years, grades, comps)
Skills and Abilities Useful for Position	Software Skills (e.g. Rock Gym Pro, Adobe Creative Cloud, Office)
Any Other Information to be Considered (e.g. if you are bound by any agreement with another employer)	

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Employment and Education History

Please list all jobs, including any Military experience, that you have held, beginning with the most recent, and explain any gaps in employment.

Employer Name & Address	Job Position & Duties	Dates	Reason for Leaving

Please list your educational background, including schools (including technical and trade schools) attended and any degrees earned.

	School Name & Address	Dates	Graduated?	Degree / Coursework
High School			<input type="checkbox"/> Yes	
College / University			<input type="checkbox"/> Yes	
Other			<input type="checkbox"/> Yes	

Reference 1
Name, Contact Detail, and Relationship

Reference 2
Name, Contact Detail, and Relationship

Reference 3
Name, Contact Detail, and Relationship

Awards, Honors, Achievements	Professional Licenses or Certifications

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or, if employment commences, immediate termination.

I authorize The Synergy Project LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date