



DRUG TESTING OF EMPLOYEES
IS CONDUCTED IN ACCORDANCE
WITH SUMMIT HUT'S DRUG
TESTING POLICY.

an equal opportunity employer

If you need assistance in completing
this form because of disability or for
any other reason, please notify us so
we can try to accommodate you.

Application for Employment

EMPLOYEES OF SUMMIT HUT, LTD. AND APPLICANTS FOR EMPLOYMENT ARE AFFORDED EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, FAMILY-CARE STATUS, DOMESTIC PARTNER STATUS, DISABILITY, HEIGHT, WEIGHT, AIDS/HIV STATUS, OR VETERAN STATUS.

Position sought _____

Full legal name _____
Last First Middle

Home Phone (____) _____

Address _____

Business (____) _____

E-mail _____

Are you under 18? ☐ Yes ☐ No

Please describe your outdoor skills and interests:

Computer Skills. Please list your computer skills. _____

Languages. Please list the languages other than English in which you believe you are able to communicate effectively and indicate whether your ability extends to speaking, reading and/or writing.

Language	Speak?	Read?	Write?
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name and Location of Institution	Graduate?	Certificate or Degree	Major or Specialty
High School:			
Trade School:			
College:			
College:			

Experience — *Use Supplementary Experience Form(s) if additional space is needed.* Starting with the most recent, describe **ALL** paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your present supervisor? ☐ Yes ☐ No If "no", indicate why not _____

a. **Job Title** _____

Employer _____

Address _____

Phone _____

Duties:

Immediate supervisor _____ Number of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Your name if different from present _____

b. **Job Title** _____

Employer _____

Address _____

Phone _____

Duties:

Immediate supervisor _____ Number of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Your name if different from present _____

c. **Job Title** _____

Employer _____

Address _____

Phone _____

Duties:

Immediate supervisor _____ Number of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Your name if different from present _____

d. **Additional Experience.** Use this space for any additional information you think might help us evaluate your application, including training, seminars, workshops , and special achievements or specialized skills:

- e. **Licenses.** Driver's license and licenses, certificates or other authorizations to practice a trade or profession.

<u>Type</u>	<u>License Number</u>	<u>Granted by (licensing board)</u>

References

List names, addresses and relationships of three people who are not related to you who know your qualifications:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

Miscellaneous

- a. When would you be available to start work? _____
- b. Check which shift(s) you would accept: ☐ Day ☐ Evening ☐ Rotating ☐ Weekends
- c. Check which job status(es) you would accept: ☐ Full-time ☐ Part-time (specify hours)
- d. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes
If "YES": ☐ During the day only ☐ Occasionally overnight ☐ Frequently overnight
- e. Have you ever signed, or are you otherwise subject to, a non-competition or confidentiality agreement? ☐ Yes ☐ No
- f. How did you hear about employment with the Summit Hut? _____
- g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No. In accordance with the requirements of the Immigration Reform and Control Act of 1986 and other laws, if you are employed you will be required to verify your identity and to certify that you are eligible to be employed.
- h. Have you ever been convicted of, or plead guilty or no contest to any violation(s) of law (other than traffic violations that did not involve driving under the influence of alcohol or drugs, personal injury or property damage)?
☐ Yes ☐ No If "YES", please provide the following:
Description of offense: _____
Statute or ordinance(if known): _____ Date of Charge _____ Date of Conviction: _____
County, City, State of Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)

CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on this Application and on all attachments are true and complete, and I agree and understand that any falsification of information, regardless of time of discovery, may result not only in the termination of any employment by Summit Hut but also in legal action. I also understand that this is not a contract for employment and if I become employed by Summit Hut my employment will be "at will" unless specifically provided otherwise in a writing signed by me and an officer of Summit Hut, Ltd.

Date _____ Applicant Signature _____

ALL APPLICANTS: PLEASE DO NOT CALL TO CHECK ON THE STATUS OF YOUR APPLICATION. IT WILL BE KEPT ON FILE FOR AT LEAST 3 MONTHS. IF A POSITION FOR WHICH WE BELIEVE YOU MIGHT BE A VIABLE CANDIDATE BECOMES AVAILABLE, YOU WILL BE CONTACTED FOR A PERSONAL INTERVIEW.



DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION, INCLUDING OBTAINING A CONSUMER CREDIT REPORT

I understand that in connection with my application for employment, Summit Hut, Ltd. ("Summit Hut") may, using its own efforts and/or the efforts of others, research my background. This research may include efforts to verify information I have provided in my application, as well as efforts to discover other information that may be relevant to my suitability for hire by Summit Hut. I hereby authorize Summit Hut and/or any person directed by Summit Hut (as used in this Disclosure and Authorization, the word "person" means an individual or a corporation or other entity) to undertake such research, including to obtain one or more consumer reports, for employment purposes. They can do this prior to making me an offer of employment and from time to time during my employment if I am hired. I understand the information and consumer reports sought may include consumer credit reports and/or inquiries regarding my work history, court records, criminal conviction records, driving history, verifications of Social Security number, and references obtained from professional and personal associates.

I hereby authorize all previous employers, supervisors, managers and fellow employees, all educational institutions, all federal, state and local governmental agencies, all consumer credit and other consumer reporting agencies, and all other persons having information about me to provide any information in their possession or control (other than health information that is protected under state or federal law) to Summit Hut or persons who are working to obtain information for Summit Hut. I further fully release all persons providing such information and their respective owners, employees, officers, directors, agents, successors and assigns, from any claim or action for any liability whatsoever relating in whole or in part to any disclosures or statements they make about me. This release extends to acts of negligence and gross negligence, but not to knowing lies or other acts of willful misconduct.

I understand that results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that this Disclosure And Authorization is not an offer for employment by Summit Hut or a contract with Summit Hut.

Printed Name: _____ Date: _____

Signature: _____