



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE • EQUAL OPPORTUNITY EMPLOYER
 PROOF OF CITIZENSHIP OR IMMIGRATION IS REQUIRED UPON EMPLOYMENT

DATE OF APPLICATION _____

NAME (LAST, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES _____ NO _____
 IF YES, GIVE DATES _____, POSITION _____

ARE YOU: UNDER 18 18 OR OLDER
 IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
 IF YES, GIVE DETAILS ON A SEPARATE PIECE OF PAPER.

SOME JOBS MAY REQUIRE LIFTING OF HEAVY OBJECTS OR SHOVELING OF SNOW. IS THERE ANY REASON THAT YOU WOULD NOT BE ABLE TO PERFORM THESE JOB RELATED DUTIES? YES _____ NO _____
 IF YES, PLEASE EXPLAIN: _____

PUT AN "X" IN FRONT OF EACH POSITION THAT YOU WISH TO BE CONSIDERED FOR.

RENTAL SHOP	<u>SNOW</u> MAKING (MUST BE 18 OR OLDER)
SKI SCHOOL DESK	<u>LIFT</u> OPERATOR (MUST BE 18 OR OLDER)
TICKET SALES	<u>SNACK</u> BAR
TUBING PARK OPERATOR	SKI PATROL

IN THE TABLE BELOW, INDICATE ALL TIMES THAT YOU COULD BE AVAILABLE TO WORK.

	MON	TUE	WED	THU	FRI	SAT	SUN
TIME YOU COULD START WORK							
TIME YOU MUST LEAVE WORK							

HOW MANY HOURS PER WEEK DO YOU WANT TO WORK? _____

HOW MANY DAYS PER WEEK DO YOU WANT TO WORK? _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____

PROVIDE A BRIEF HISTORY OF YOUR EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	COURSE OF STUDIES
HIGH SCHOOL -----			
COLLEGE/TRADE -----			
GRADUATE/TRADE -----			

PROVIDE A BRIEF EMPLOYMENT HISTORY

EMPLOYER	DATES	SALARY	POSITION	REASON FOR LEAVING
COMPANY				
SUPERVISOR				
PHONE				
COMPANY				
SUPERVISOR				
PHONE				

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ____ NO ____

PROVIDE THREE PERSONAL REFERENCES

	PHONE	ADDRESS	BUSINESS
NAME			
NAME			
NAME			

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT WILL BE AT WILL IN NATURE AND MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME, BY EITHER MYSELF OR MY EMPLOYER.

SIGNATURE: _____ DATE: _____