



Seasonal Employment Application 20__-20__

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:	City:	State:	Zip:
Phone:	E-mail:		
Date Available to start:	Are you willing to work? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/>		
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you available during the off-season? YES or NO (circle one)	
Have you ever applied for employment with our Company? YES <input type="checkbox"/> NO <input type="checkbox"/>		Position/Dates:	

Restaurant & Bar	SnowSports		
Bartender	Snowboard or Terrain Park Instructors	Lift Operator (chair & tubing) (18+)	
Busser	Ski Instructors	Snow Grooming (day & night) (18+)	
Cashier	Race Team	Snowmaking (day & night) (18+)	
Cook	Alpine Coach	Tubing Park Attendant (18+)	
Hostess	Racing/Event Staff (14+)	Rental	
Manager	Ski Patrol	Rental technician (18+)	
Server	Paid Patroller	Tuning technician (18+)	
Cafeteria	Volunteer Patroller	Maintenance	
Assistant Manager	Front Desk/Guest Services	Mechanics	
Cashier	Lift Attendant	Janitorial	
Cook	Ticket checker	Manager	
	Ticket seller	Staff	

EMPLOYMENT HISTORY <i>(List below last three employers, starting with the most recent one first)</i>			
Present or Last Position:	Company:	From (Mo/Yr.):	To (Mo/Yr.):
Street Address:	City:	State:	Zip:
Duties:	Reason for leaving:		
May we contact your supervisor: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Supervisor:		
Title and department of Supervisor:	Phone number of Supervisor:		

Present or Last Position:	Company:	From (Mo/Yr.):	To (Mo/Yr.):
Street Address:	City:	State:	Zip:
Duties:	Reason for leaving:		
May we contact your supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Supervisor:		
Title and department of Supervisor:	Phone number of Supervisor:		

EDUCATION INFORMATION			
High School or GED:	City & State:	Degree:	Major:
College:	City & State:	Degree:	Major:
Graduate School:	City & State:	Degree:	Major:
Other:	City & State:	Degree:	Major:

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS & EXTRA CURRICULAR ACTIVITIES.

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ADDITIONAL INFORMATION

Other qualifications- Summarize special job-related skills and qualifications acquired from employment or other experiences

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Specialized Skills (List skills/ equipment operated/ computer software programs used)

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PROFESSIONAL REFERENCES

Name	Address	Phone number	Work Relationship

WE ARE AN EQUAL OPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

PLEASE READ THE FOLLOWING STATEMENTS VERY CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the Company. I understand that in submitting this application, the Company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or if I am hired, my employment being terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Signature	Date
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