Seasonal Employment Application WINTER 2021-2022

APPLICANT INFORMATION



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.

						_					
Last Name: Fi			First:	First:				Date:			
Street Address: Ci			City:	ity:				Zip:			
Phone:			E-mail:			1	Are you				
Date Available to start:		You are wil	ling to work: Full 1	Time Part T	ime Te	mporary [Weeke	nds 🔲	Nights		
Are you legally authorized to w	ork in the Uni	ted States? Y	ES NO	Are you ava	ilable durin	g the off-	season? YE	S or NO	(circle one)		
Have you ever applied for emp	loyment with	our Company	? YES NO	Position	/Dates:						
Are you vaccinated? (please	e circle) YES o	or NO Do y	ou have a vaccin	ation exempt	ion? (pleas	se circle)	YES or NC)			
	P	lease chec	k all positions t	hat you are	applying	for:					
Restaurant & Bar Snow Sports			-	Mountain Operations							
Bartender		ki Instructor			Lift Operator (chair & tubing) (18+)						
Manager	S	nowboard Ir	nstructor		Snow Grooming (day & night) (18+)						
Busser		ace Team			Snowmaking (day & night) (18+)						
Cook	A	lpine Coach			Tubing Pa						
Hostess		acing/Event			Rental						
Server		ki Patrol				Rental technician (18+)					
Cafeteria		aid Patrollei	•		Tuning technician (18+)						
Assistant Manager		olunteer Pa			Maintenance						
Cook			iuest Services		Mechanic (18+)						
Cashier		ift Attendan			Janitorial						
Terrain Park		icket checke									
Park Crew		icket checke	:1		Manager Staff						
EMPLOYMENT HISTORY (List bek	ow last three e	emplovers. sto	artina with the mos	st recent)	_	_	_		_		
-	ow rast times c	ртоусто, эсс	areing with the mos	ic receive,							
Present or Last Position:			Company:	Company:			(Mo/Yr.):	То	(Mo/Yr.):		
Street Address:			City	City			State:	Zip:			
Outies:			•	Reason for leaving:							
May we contact your supervisor: YES NO			Name of Sup	Name of Supervisor:							
Title and department of Supervis	sor:		l		Pho	ne numbe	er of Superv	visor:			
Present or Last Position:			Company:	Company:			From (Mo/Yr.): To (Mo/Yr.):				
Street Address:			City	City			State: Zip:				
Outies:								Reason for leaving:			
May we contact your supervisor? YES NO			Name of Sup	Name of Supervisor:							
itle 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 NO 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 & EXTRACURRICULAR ACTIVITIES.											
ADDITIONAL INFORMATION											
Other qualifications- Summarize special job-related skills and qualifications acquired from employment or other experiences											
Specialized Skills (List skills/ equipment operated/ computer software programs used)											
PROFESSIONAL REFERENCES											
Name Ad	dress Phon		ne number	Wo	Work Relationship						
PLEASE READ THE FOLLOWING STATEMENTS VERY CAREFUL	LLY										
 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							