

Application for Employment-Tyrol Basin

Date _____/_____/_____

PLEASE PRINT

Name _____ Social Security # _____ - _____ - _____

Present Address _____ Mobile/Beeper/Other Phone# _____

City _____ State _____ Zip _____ Home Phone_(_____) _____

Permanent Address (if applicable) _____

City _____ State _____ Zip _____ Home Phone_(_____) _____

Date of Birth _____ Are you 18 years or older? Yes No

Have you ever applied for employment with us? Yes No If Yes: Month and Year____/____ Location_____

Check Position(s) Desired. Number in order of preference:

- Ticket Office/Customer Service Lift Operator Instructor/Mountain Services (Circle One: Skier Snowboarder)
 Rentals Retail/Gift Shop Snowmaking/Grooming Terrain Mechanic Janitor Food Services/Cafe
 Bar Other _____ Park

Are you legally eligible for employment in the United States? Yes No Desired Wage \$ _____

Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work? _____ Will you work overtime? Yes No

When will you be available to begin work? _____

List any schedule conflicts? _____

Have you been employed by an other ski resort? Yes No Where? _____

What Department(s)? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL	_____			
COLLEGE	_____			
TECHNICAL COLLEGE	_____			

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

REFERENCES

NAME	ADDRESS	TELEPHONE	NO. OF YEARS KNOWN

EMPLOYMENT HISTORY

Provide the following information of your past three employers, assignments or volunteer activities, starting with the most recent.

Company Name	Telephone
Address	Employed (State Month and Year)
Name of Supervisor	Weekly Pay
State Job Title and Describe Responsibilities	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year)
Name of Supervisor	Weekly Pay
State Job Title and Describe Responsibilities	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year)
Name of Supervisor	Weekly Pay
State Job Title and Describe Responsibilities	Reason for Leaving

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

DO NOT WRITE BELOW THIS LINE

Contacted for Interview? Yes No Applicant Attend Interview? Yes No If not, Why? _____

Interviewed By: _____ Date: _____

Department: _____ Position: _____

Hired? Yes No Date Reporting to Work: _____

All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.