

# MOUNT SKI GULL

Employment Application

Date: \_\_\_\_\_



## APPLICANT INFORMATION

Last Name	First	M.I.	Birthdate
Street Address		Apt #	
City	State	Zip	
Cell Phone	Email Address	Facebook Email	
Position Applying for?	What is the first date you are available?		
Are you 18 or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Circle the days & times below you are available to work:	
Are you available to work December 21st - January 5th?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Morning	Afternoon Evenings
Are you able to work weekends?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Thurs	Fri Sat Sun Mon
Have you ever worked for Ski Gull before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when & what job(s)?	
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain	

## EDUCATION

High School	Address		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College	Address		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other	Address		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

## REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

MOUNT SKI GULL IS A NON-PROFIT 501C3 COMMUNITY FACILITY

## EMPLOYMENT HISTORY

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>

### DISCLAIMER AND SIGNATURE

I certify that my answers given in this application for employment are true and complete to the best of my knowledge. I hereby authorize Mt. Ski Gull to investigate all statements contained in this application. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of my employment.

Signature	Date
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**EMPLOYMENT AT Mt. SKI GULL...**

I understand that each position at Mt. Ski Gull has the requirement of ensuring Mt. Ski Gull guests have a great experience. I understand that if chosen for employment I am committing to being flexible, honest, reliable, loyal, guest oriented, creative, self confident, willing and excited to learn new things and constantly looking for ways to create great experiences for our guests.

Signature	Date
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Please tell us about your customer service experience in each of the areas below. All positions are heavily focused on serving our guests and require people that are flexible and willing to float between jobs in each area if needed. Tell us about the experience you have in all the areas below, now is the time to brag about all you have done.....

Cashier:

Kitchen/Cook:

Maintenance/Snowmaking:

Tubing & Lift Operator:

What do you know about Mt. Ski Gull?

**DISCLAIMER AND SIGNATURE**

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Signature	Date
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## Authorization for Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize Mt. Ski Gull, Inc. to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Mt. Ski Gull, Inc. will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such cases, no investigation will be done, and my application for employment will not be processed further.

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Signature of Applicant

Date

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Applicants name printed