

Coffee Mill Ski & Snowboard Resort

Application for Employment

We do not discriminate on the basis of race, religion, national origin, color, sex, age or disability.
All applicants are given equal opportunity and selection decisions are based on job related factors.

POSITION: Lift Operator____ Kitchen____ Ticket Booth____ Rental Shop____ Instructor____ Snow Maker____

Print Name (Last, First, MI) _____

E-Mail Address _____

Street Address _____

City _____

State _____

Zip _____

Phone: Home _____ Cell _____ Business _____

EMPLOYMENT INFORMATION:

Type of Employment you desire: Full-time____ Part-time____ Date you can start? _____

Please list the times you can work:

Mon____ Tues____ Wed____ Thurs____ Fri____ Sat____ Sun____

If hired, can you furnish proof that you are eligible to work in the United States? Yes____ No____

Are you 18 years of age or older? Yes____ No____

MILITARY

Branch of service _____ Dates: From _____ To _____

Service duties: _____

SPECIAL SKILLS

Have you worked at resort before? (Please check all that apply.)

Lift Operator____ Kitchen____ Ticket Booth____ Rental Shop____ Instructor____ Snow Maker____

If you have any other skills, abilities, or licenses related to work desired, or if you are an experienced operator of any heavy equipment please list. _____

EDUCATION

Did you receive a high school diploma? Yes____ No____ GED? Yes____ No____

Name/Location of High School: _____

College/University & Location: _____

Number of Years Attended: _____

Did you graduate? ___Yes ___No

If Yes, Major and type of Degree Earned (BS/BA): _____

Work History

Are you presently employed? Yes____ No____

If so, may we contact your present employer? Yes____ No____

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List names of employers in consecutive order with present or last employer first.

Name of employer: _____
Address: _____
City, State: _____
Telephone: _____
Position title: _____
Job Duties: _____

Supervisor _____
Employed from ___/___ to ___/___
Mo Yr Mo Yr
Final Pay: _____
Reason(s) for leaving: _____

Name of employer: _____
Address: _____
City, State: _____
Telephone: _____
Position title: _____
Job Duties: _____

Supervisor _____
Employed from ___/___ to ___/___
Mo Yr Mo Yr
Final Pay: _____
Reason(s) for leaving: _____

Name of employer: _____
Address: _____
City, State: _____
Telephone: _____
Position title: _____
Job Duties: _____

Supervisor _____
Employed from ___/___ to ___/___
Mo Yr Mo Yr
Final Pay: _____
Reason(s) for leaving: _____

REFERENCES:

Give at least three references that are not relatives or former employers.

Name _____
Address: _____
Telephone: _____
Relationship: _____

Name _____
Address _____
Phone _____
Relationship _____

Name _____
Address: _____
Telephone: _____
Relationship: _____

Name _____
Address _____
Phone _____
Relationship _____

AFFIDAVIT

I certify that the information provided in this application is true and complete without consequential omissions of any kind. I authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications (except as previously stated). I hereby release these companies, school, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination. I understand that if employed, I have been hired at will of the employer and that my employment can be terminated at will, at any time, with or without cause. The employer's only obligation is to pay salary or wages due and owed at the time of the termination. I have read, understand, and by my signature consent to these statements.

Print Name _____ Signature _____ Date _____