



SKI SHAWNEE, INC.

APPLICATION FOR EMPLOYMENT

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Date: _____

PERSONAL INFORMATION

Social Security # _____

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City State Zip

Phone: _____ Age (if under 18) _____

If related to anyone in our employ, please state name, relationship & dept. _____

Referred by: _____ e-mail address: _____

EMPLOYMENT DESIRED

Type of work _____ Date you can start _____

Salary desired _____ Hours you can work weekly _____

Are you currently employed? _____ If yes, may we inquire of your present employer? _____

Have you ever worked for this company before? _____ If yes, what department _____

EDUCATION

Name/Location of School	Years attended	General Curriculum
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Study, Talents or Skills _____

FORMER EMPLOYERS (List below last four employers, starting with the last one first.)

Month/Year	Name & Address of Employer	Position	Shift	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES (List below the name of three persons, not related to you, whom you have known for at least one year.)

Name	Address	Phone Number	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION

In case of Emergency, Please notify:

Name	Address	Relationship	Phone #
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Were you ever convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

If you have facial piercings (other than **standard** earrings in ears) are you willing to remove them? Yes No

Do you smoke? Yes No

Have you ever excessively used narcotics or alcohol? Yes No

Are you prevented from lawfully becoming employed in the U.S.? Yes No

Do you have a Driver's License? Yes No

What is your means of transportation to work ? _____

Are you over 21? Yes No (Must be answered if position involves driving company vehicles)

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT THIS APPLICATION IS SUBJECT TO A STATE AND FEDERAL REFERENCE CHECK AND IF HIRED VERIFICATION OF AMERICAN CITIZENSHIP OR LEGAL ALIEN STATUS AND EMPLOYMENT ELIGIBILITY MUST BE PROVIDED."

I ALSO UNDERSTAND THAT, TO PROTECT THE WELL-BEING OF ITS EMPLOYEES, CUSTOMERS AND THE PUBLIC, SKI SHAWNEE, INC. MAY HAVE DRUG SCREENING TESTS ADMINISTERED TO ALL APPLICANTS AS PART OF THEIR PRE-EMPLOYMENT QUALIFICATION PHYSICAL EXAMINATION. THE COMPANY ALSO RESERVES ITS RIGHT TO ADMINISTER DRUG OR ALCOHOL SCREENING TESTS TO EMPLOYEES WHEN REASONABLE CAUSE EXISTS OR ON A RANDOM BASIS.

Date _____ Signature _____