



APPLICATION FOR EMPLOYMENT

NEW APPLICANTS

Please fill out and mail this to:
 PERSONNEL DEPT.
 MT SOUTHLINGTON SKI AREA
 PO BOX 347
 SOUTHLINGTON, CT 06489

Driver's License#: Work Tel#:
 Telephone#: Date of Birth:
 Cell#: Email:

DATE OF APPLICATION:

Please Print:

NAME:
Last *First* *M.I.*

ADDRESS:
No. & Street *City* *State* *Zip*

IN CASE OF EMERGENCY, NOTIFY:
Name *Phone*

EMPLOYMENT HISTORY

Current/Most Recent Employer: *Dates:*

Job Title/Responsibilities:

If currently employed, check here if you plan to stay at your present employer while also working at Mt. Southington.

EDUCATION/RELATED TRAINING

<i>School Attended</i>	<i>Name/Location</i>	<i>Date Completed</i>
<i>High School</i>		
<i>College</i>		
<i>Other (Trade, Graduate etc.)</i>		

INDICATE YOUR PREFERRED DEPARTMENT (#1, 2 and 3)

<input type="checkbox"/> Tickets	<input type="checkbox"/> Ski School (check one or both:)	<input type="checkbox"/> Snowmaking*
<input type="checkbox"/> Food Service	<input type="checkbox"/> Snowboard <input type="checkbox"/> Ski	<input type="checkbox"/> Maintenance*
<input type="checkbox"/> Red Barn Cafe	<input type="checkbox"/> Rentals	<input type="checkbox"/> Lift Operations*
<input type="checkbox"/> Alpine Eatery	<input type="checkbox"/> Racing	<input type="checkbox"/> Park Crew*
<input type="checkbox"/> Office		

** Must be 18 years or older*

SCHEDULE AVAILABILITY

Indicate the total number of hours you would like to work per week: 15 20 30 40 40+

Please write the times you are available each day of the week in the boxes below.

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

FOR OFFICE USE ONLY

Dept. Manager Signature: Hire Date: Rate:

Dept. #:

Please continue application on Page 2>>



Have you been convicted of a felony within the past 7 years? Yes No

If "Yes", please explain:

Have you ever collected Worker's Compensation? Yes No

If "Yes", please explain:

Please describe any physical/medical or other restrictions that might prevent you from performing any Job Assignment at Mt. Southington:

PERSONAL REFERENCES

Give the names of 2 persons, (not relatives) who have known you for three years or more.

Name:	<input type="text"/>
Current Address:	<input type="text"/>
	<input type="text"/>
City/State/Zip:	<input type="text"/>
Home Telephone Number:	<input type="text"/>
Number of years known:	<input type="text"/>

Name:	<input type="text"/>
Current Address:	<input type="text"/>
	<input type="text"/>
City/State/Zip:	<input type="text"/>
Home Telephone Number:	<input type="text"/>
Number of years known:	<input type="text"/>

NOTIFICATION AND AGREEMENT (Applicant's Certification)

- I certify that all my statements on this application are true and correct. I understand that any false statements shall be considered sufficient cause for rejection of my application, or, if discovered after I am employed, termination.
- I authorize any previous employer to release all information concerning my job history.
- I understand that my employment is at will, not for a fixed duration of time, and that it may be terminated with or without cause or notice at any time at the option of the company or myself.
- I understand that I may be assigned to work different hours, or in a different department, including evenings and weekends, and that the amount of work available is subject to business demands and weather.
- I acknowledge that I may be requested either prior to and/or after employment, to undergo drug testing. I understand that a satisfactory result is a condition of employment.
- I understand and agree that if I am injured on the job, drug testing may be ordered.

Signature: _____ Date: _____