



APPLICATION FOR EMPLOYMENT

RETURNING APPLICANTS

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

Date of Birth:

DATE OF APPLICATION:

Please Print:

NAME:
Last First M.I.

ADDRESS:
No. & Street City State Zip

EMAIL: PHONE:
Home Work

CELL#:

DEPARTMENT APPLYING FOR:

Were you ever injured? Yes No If yes, give details: _____

Have you ever collected workman's compensation? Yes No If yes, give details on back of application

Have you ever been convicted of a felony? Yes No

IN CASE OF EMERGENCY, NOTIFY:
Name Phone#

SCHEDULE AVAILABILITY

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>
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

****IF YOU WOULD LIKE TO CHANGE YOUR WITHHOLDINGS, STATE AND FEDERAL W-4 FORMS MUST BE COMPLETED****

Signature: _____ Date: _____

FOR OFFICE USE ONLY _____

Hired by: _____ Rate: _____

Employee #: _____ Dept. #: _____

Please check the box if any personal information above has changed: