



APPLICATION FOR EMPLOYMENT

RETURNING APPLICANTS

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

Employee#:

Dept. #:

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: _____

Dept. #: _____