



# 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 Application: \_\_\_\_\_

Department: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Please Print:

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

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

EMAIL: \_\_\_\_\_

CELL#: \_\_\_\_\_ ALTERNATIVE PHONE: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### 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\*\***

### FOR OFFICE USE ONLY:

Employee #: \_\_\_\_\_

Department #: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_