

MT. SOUTHTON
2019/2020 RANGER CANDIDATE
APPLICATION

Name: _____ Date: _____
 Last First Middle

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____

Occupation: _____ Are you over 21 years of age _____

E-Mail: _____ **PLEASE PRINT CLEARLY**

Skiing/Riding Ability

Alpine Skier? _____ Snowboarder? _____ Other? _____

How would you rate your skiing/riding ability? (You may be evaluated regarding this element.)

Expert: _____ Advanced: _____ Intermediate: _____ Other: _____

Of Years Skiing? _____ # Of Days skiing last season? _____

Ever injured skiing/riding? _____

If yes, describe: _____

How well do you know Mount Southington? _____

How often have you skied Mount Southington and when? _____

Experience

Do you have any Guest Services experience? _____

Ski Area experience? _____

Experience working with customers or children, such as retail, volunteering, teaching etc.? _____

Please list any special skills or qualifications you have including hobbies, languages, sports activities, previous outdoor experience, and special interests, which may be useful for a Ranger position at Mount Southington. _____

Describe why you want to be a Mount Southington Ranger. _____

References (at least 3) including name, address and phone number:

Thank you for your Application to the Ranger Dept. No decisions on employment will be made until October 28, 2020.

SIGNED: _____ **DATE:** _____

Please return this completed form to:

Mike DeJohn
Ranger Director
Mount Southington Ski Area P.O. Box 347
Southington, CT 06489

860-628-0954
Office@mountsouthington.com