



EMPLOYMENT APPLICATION

JOB YOUR APPLYING FOR: *(if applying for multiple, please rank each job in order of preference)*

Customer Service Food Service Lift Operator Rental Shop
 Snowmaking Ski Patrol Other _____

AVAILABILITY

Full Time Part Time Days Evenings College Breaks Only

| DAYS | MON | TUE | WED | THURS | FRI | SAT | SUN |
|------------|-----|-----|-----|-------|-----|-----|-----|
| START TIME | | | | | | | |
| END TIME | | | | | | | |

PERSONAL INFORMATION

Name: _____ Email _____

Address: _____

Home Phone: _____ Cell Phone: _____

Age, if under 18: _____ ***If under 18 you must furnish work permit if hired***

Are you a returning employee? If Yes, give date(s): _____

EMERGENCY CONTACT INFORMATION

1) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

1000 Main St., Shrewsbury, MA 01545

EMPLOYMENT EXPERIENCE

- 1) Employer: _____ Address: _____
Job Title: _____ Dates Employed: _____ Hourly Rate/Salary: _____
Supervisor: _____ Contact Phone Number: _____
- 2) Employer: _____ Address: _____
Job Title: _____ Dates Employed: _____ Hourly Rate/Salary: _____
Supervisor: _____ Contact Phone Number: _____
- 3) Employer: _____ Address: _____
Job Title: _____ Dates Employed: _____ Hourly Rate/Salary: _____
Supervisor: _____ Contact Phone Number: _____

REFERENCES

In addition to the employer information above, give name, address and telephone number of three references that are not related to you and are not previous employers.

1. _____
2. _____
3. _____

PLEASE READ CAREFULLY BEFORE SIGNING!

I understand that the information listed on this application will be used in part to determine if I am to be hired by Ski Ward, Inc. and to the best of my knowledge it is true and correct. I understand that any mis-statements or omission of material facts in the application will be reason for immediate termination. I hereby authorize Ski Ward to investigate the above information by contacting my previous employers and personal references. I also understand that drug testing may be required by Ski Ward as a condition of employment, and will be required in the event of personal injury while working. I also understand that if I am hired by Ski Ward, reporting to work under the influence of drugs or alcohol will result in immediate termination of employment.

Applicant's Signature _____ Date: _____

OFFICE USE ONLY

Arrange Interview: ____ Yes ____ No Hired: ____ Yes ____ No Date of Hire: _____

Job Title: _____ Department: _____ Hourly Rate/Salary: _____

Authorized by (name & title): _____ Date: _____

Other Notes: _____

