



Ski Ward Snow School Instructor Application

Personal Information:

Name: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____

Address: _____

Town: _____ State: _____ Zip: _____

Age: _____ DOB: _____

Are you currently attending College? _____

If yes, are you **only** available during breaks? (Please specify the dates) _____

Teaching:

I would like to teach (check all that apply) :

Skiing _____ Snowboarding _____ Freestyle: _____

PSIA/AASI Level, if any: _____ Certification Number: _____

Other teaching experience, if any Where: _____ Number of Seasons: _____

If you are a **RETURNING INSTRUCTOR** how many seasons have you taught at Ski Ward? _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Phone Number(s): _____

Contact Name: _____ Relationship: _____

Phone Number(s): _____

REGULAR SCHEDULE AVAILABILITY

Please place an X in the appropriate box where you are available to teach. Just because you are available at that time it does not mean you will be scheduled for every shift you check. You must be available AT LEAST ONE WEEKDAY AND ONE WEEKEND DAY. **Preference will be given to those with more open and frequent availability.**

	2:45 pm – 7:15 pm *AGES 16+ ONLY	3:30 pm - 6:30 pm
Mon		
Tues		
Wed		
Thurs		
Fri		

	8:30 am -4:30 pm	8:30 am -1:30 pm	1:30 pm -4:30 pm
Saturday			
Sunday			

Holiday Schedule

Please place an X in the appropriate box where you are available to teach. **(Keep in mind one school vacation week is required.)** Please note that Saturday 1/1, Sunday 1/2, Saturday 2/13, Sunday 2/14, Saturday 2/20, and Sunday 2/21 are REGULARLY scheduled weekend lesson programs (meaning that if you would like to teach one of these you have 4to be available these days).

		8:30 am - 4:30 pm	8:30 am - 1:30 pm	1:30 pm - 4:30 pm
DEC. VACA	Thurs 12/24			
	Fri 12/25			
	Sat 12/26			
	Sun 12/27			
	Mon 12/28			
	Tues 12/29			
	Wed 12/30			
	Thurs 12/31			
	Fri 1/1			
	Sat 1/2			
	Sun 1/3			
MLK	Mon 1/18			
FEB VACA	Sat 2/13			
	Sun 2/14			
	Mon 2/15			
	Tues 2/16			
	Wed 2/17			
	Thurs 2/18			
	Fri 2/19			
	Sat 2/20			
	Sun 2/21			

Employment Experience:

Employer: _____ Address: _____

Job Title: _____ Dates Employed: _____

Supervisor: _____ Contact Phone Number: _____

References:

In addition to the employer information above, please provide the name, relationship and telephone number of two references that are not related to you and are not previous employers.

1. _____

2. _____

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 misstatements 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.

Ski Ward's Instructors Training Course (ITC) is a mandatory course for all potential ski or snowboard instructors. The course is designed to train and evaluate candidates through indoor classroom sessions (in conjunction with zoom sessions) as well as on-snow clinics. Each candidate will be evaluated on performance, attendance and attitude before being hired. Simply participating in ITC does NOT guarantee employment. The NON-REFUNDABLE ITC fee is \$75.00 and includes all indoor, virtual, and on-snow clinics, evaluation and a ski/snowboard pass valid opening day through evaluation week (mid December). In the unfortunate event that you are not hired, you will be eligible to purchase a Season Pass at our lowest pre-season price.

Applicant's Signature _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Parent/Guardians Name: _____

FORM OF PAYMENT: VISA/MC _____ CHECK #: _____ CASH: _____ INITIALS: _____