



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

FIRST:	MIDDLE:	LAST:	
STREET ADDRESS:			APT #:
CITY:	STATE:		ZIP:
PHONE:	EMAIL:		
DATE AVAILABLE TO START:		DESIRED WAGE: \$	

DESIRED POSITIONS

1ST CHOICE POSITION:

2ND CHOICE POSITION:

3RD CHOICE POSITION:

ARE YOU ABLE TO WORK FULL-TIME (40–56 HOURS PER WEEK):

☐ YES ☐ NO

TOTAL HOURS AVAILABLE
PER WEEK:

PREFERRED SHIFT(S):

☐ WEEKENDS

☐ NIGHTS

☐ WEEKDAYS

I AM UNAVAILABLE THE
FOLLOWING TIMES/DAYS:

LIST ANY FRIENDS OR RELATIVES WORKING AT MT. SPOKANE:

ARE YOU AUTHORIZED TO WORK IN THE U.S.?

☐ YES ☐ NO

WILL YOU BE ABLE TO PERFORM THE DUTIES FOR WHICH YOU ARE
APPLYING, WITH OR WITHOUT ACCOMODATION?

☐ YES ☐ NO

HAVE YOU EVER WORKED FOR MT. SPOKANE SKI & SNOWBOARD
PARK? ☐ YES ☐ NO

IF SO, LIST DATE AND POSITION: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

EDUCATION/TRAINING

HIGH SCHOOL:

LOCATION:

YEARS ATTENDED:

DID YOU GRADUATE? ☐ YES ☐ NO

COLLEGE:

LOCATION:

YEARS ATTENDED:

DID YOU GRADUATE? ☐ YES ☐ NO

OTHER TRAINING?

PLEASE DESCRIBE:

LIST ANY SPECIAL SKILLS, CERTIFICATIONS, OR LICENSES HELD APPLICABLE TO POSITION APPLIED FOR:

ANY LANGUAGES OTHER THAN ENGLISH?

PREVIOUS EMPLOYMENT/MILITARY EXPERIENCE

COMPANY:	CITY/STATE:	
SUPERVISOR:	PHONE:	
JOB TITLE:	STARTING WAGE:	ENDING WAGE:
RESPONSIBILITIES:		
REASON FOR LEAVING:		
MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY:	CITY/STATE:	
SUPERVISOR:	PHONE:	
JOB TITLE:	STARTING WAGE:	ENDING WAGE:
RESPONSIBILITIES:		
REASON FOR LEAVING:		
MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERENCES PLEASE LIST THREE PROFESSIONAL OR PERSONAL REFERENCES.

FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:

DISCLAIMER AND SIGNATURE

_____I hereby certify that I the undersigned applicant have personally completed this application and that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

_____I authorize Mt. Spokane Ski & Snowboard Park and/or any of its agents to verify any information I have provided on this application, or a resume if one is provided, or during the interview process. I also authorize Mt. Spokane Ski & Snowboard Park to conduct a comprehensive background investigation and to check personal & employment references. I release anyone responding to these inquiries from any and all liability to me that could result from the disclosure of information provided. I hereby release any and all claims I might have against Mt. Spokane Ski & Snowboard Park or any of its agents about such inquiries.

_____Applicants are considered for employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants to facilitate background checks and assure compliance with State reporting.

_____I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of Mt. Spokane Ski & Snowboard Park. I also understand that, if hired, I am expected to arrive at work as scheduled and on time.

SIGNATURE:	DATE:
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