

Please fill out and mail this to:
PERSONNEL DEPT.
MT SOUTHINGTON SKI AREA
PO BOX 347
SOUTHINGTON, CT 06489

Drivers License: Work Tel#:
 Telephone#: Date of Birth:
 Cell/Pager:
 Email:

Please Print:

NAME:
Last First M.I.

ADDRESS:
No. & Street City State Zip

EMPLOYMENT HISTORY

Current/Most Recent Employer: Dates:

Job Title/Responsibilities:

If currently employed, check here if you plan to stay at your present employer while also working at Mt. Southington.

EDUCATION/RELATED TRAINING

School Attended	Name/Location	Date Completed
High School		
College		
Other (Trade, Graduate etc.)		

INDICATE YOUR PREFERRED DEPARTMENT (#1, 2 and 3)

Tickets Ski School (check one or both:) Snowmaking*
 Food Service Snowboard Ski Lift Operator*
 Red Barn Cafe Rentals Maintenance*
 Alpine Eatery
 Office Racing Lift Operations

*To work in these departments you Must be 18 yrs or older.

SCHEDULE AVAILABILITY

Indicate the total number of hours you would like to work per week: 15 20 30 40 40+

Please write the times you are available each day of the week in the boxes below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY

Dept. Manager Signature: Hire Date: Rate:

Have you been convicted of a felony within the past 7 years? Yes No
If "Yes", please explain:

Have you ever collected Worker's Compensation? Yes No
If "Yes", please explain:

Please describe any physical/medical or other restrictions that might prevent you from performing any Job Assignment at Mount Southington:

PERSONAL REFERENCES

Give the names of 2 persons, (not relatives) who have known you for three years or more.

Name:	<input type="text"/>
Current Address:	<input type="text"/>
	<input type="text"/>
City/State/Zip:	<input type="text"/>
Home Telephone Number:	<input type="text"/>
Number of years known:	<input type="text"/>

Name:	<input type="text"/>
Current Address:	<input type="text"/>
	<input type="text"/>
City/State/Zip:	<input type="text"/>
Home Telephone Number:	<input type="text"/>
Number of years known:	<input type="text"/>

NOTIFICATION AND AGREEMENT (Applicant's Certification)

- I certify that all my statements on this application are true and correct. I understand that any false statements shall be considered sufficient cause for rejection of my application, or, if discovered after I am employed, termination.
- I authorize any previous employer to release all information concerning my job history.
- I understand that my employment is at will, not for a fixed duration of time, and that it may be terminated with or without cause or notice at any time at the option of the company or myself.
- I understand that I may be assigned to work different hours, or in a different department, including evenings and weekends, and that the amount of work available is subject to business demands and weather.
- I acknowledge that I may be requested either prior to and/or after employment, to undergo drug testing. I understand that a satisfactory result is a condition of employment.
- I understand and agree that if I am injured on the job, drug testing may be ordered.

Signature: _____ Date: _____