

# SNOW SNAKE SKI & GOLF

## APPLICATION FOR EMPLOYMENT

A person with a disability or handicap requiring accommodation for completing this application process should notify the Human Resources Manager as soon as possible.

Snow Snake Mountain, Inc., ("the Company") is an Equal Opportunity Employer. It is the policy of the company to afford equal employment opportunities regardless of race, religion, color, national origin, sex, age, marital status, height, weight, familial status, veteran status, or disability. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

<b>PERSONAL INFORMATION</b>				
FIRST NAME	MIDDLE NAME	LAST NAME		
PRESENT ADDRESS	CITY	STATE	ZIP	
PERMANENT ADDRESS	CITY	STATE	ZIP	
TELEPHONE NO.	CELL PHONE NO.	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (You must be at least 16 years old)		
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED?  <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FOR WHAT REASON		

<b>EMPLOYMENT DESIRED</b>		
POSITION	DATE YOU CAN START	WAGE DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
PREFERRED HOURS	WHEN ARE YOU <b>NOT</b> AVAILABLE?	
DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE YOUR OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU LIKE TO WORK WITH THE PUBLIC OR AWAY FROM THE PUBLIC? <input type="checkbox"/> WITH PUBLIC <input type="checkbox"/> AWAY FROM PUBLIC

<b>EDUCATION</b>		
HIGH SCHOOL NAME	CITY	STATE
NO. OF YEARS ATTENDED	DID YOU GRADUATE?	
COLLEGE, UNIVERSITY, TRADE OR BUSINESS SCHOOL NAME	CITY	STATE
NO. OF YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR DIPLOMA EARNED
PLEASE LIST ANY RELEVANT SKILLS OR KNOWLEDGE YOU POSSESS		

<b>OFFICE USE ONLY</b>			
INTERVIEWED BY		DATE	
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	START DATE	DATE OF BIRTH

**FORMER EMPLOYERS OR ATTACH RESUME (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)**

NAME OF EMPLOYER	FROM	TO	POSITION	SALARY
ADDRESS		CITY	STATE	ZIP
NAME AND TITLE OF IMMEDIATE SUPERVISOR			PHONE NO. OF EMPLOYER	
NAME OF EMPLOYER	FROM	TO	POSITION	SALARY
ADDRESS		CITY	STATE	ZIP
NAME AND TITLE OF IMMEDIATE SUPERVISOR			PHONE NO. OF EMPLOYER	
NAME OF EMPLOYER	FROM	TO	POSITION	SALARY
ADDRESS		CITY	STATE	ZIP
NAME AND TITLE OF IMMEDIATE SUPERVISOR			PHONE NO. OF EMPLOYER	
NAME OF EMPLOYER	FROM	TO	POSITION	SALARY
ADDRESS		CITY	STATE	ZIP
NAME AND TITLE OF IMMEDIATE SUPERVISOR			PHONE NO. OF EMPLOYER	

**REFERENCES (GIVE THE NAMES OF PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)**

NAME	TELEPHONE NO.	YEARS ACQUAINTED
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE NO.	YEARS ACQUAINTED
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE NO.	YEARS ACQUAINTED
ADDRESS	CITY	STATE ZIP

**EMERGENCY CONTACT**

NAME	TELEPHONE NO.
ADDRESS	CITY STATE ZIP

**ACKNOWLEDGEMENT**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE	DATE
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