

# 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.

Date of application: \_\_\_\_\_ Date available to start: \_\_\_\_\_

### PERSONAL INFORMATION

FIRST NAME		LAST NAME		
STREET		CITY	STATE	ZIP
PHONE NO.	ALT 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HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED?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		
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		

### PLEASE CHECK DESIRED POSITIONS AND TIMES

Cart Personnel \_\_\_\_\_ Kitchen/Bartender \_\_\_\_\_ Front Desk \_\_\_\_\_ Maintenance/Grounds Crew \_\_\_\_\_

**Must be at least 18 years of age for the following positions:**

Front Desk, Bartending & Maintenance/Grounds Crew

**Have you worked for us before?** Yes \_\_\_ No \_\_\_ If so, what was your job duty? \_\_\_\_\_

**What day are you able to work?**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Why do you want to work at Snow Snake? \_\_\_\_\_

### EDUCATION

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	

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

1. NAME OF LAST EMPLOYER		FROM	TO	YOUR JOB TITLE	
ADDRESS			CITY	STATE	ZIP
NAME AND TITLE OF IMMEDIATE SUPERVISOR				PHONE NO. OF EMPLOYER	
DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING					
2. NAME OF NEXT TO LAST EMPLOYER		FROM	TO	YOUR JOB TITLE	
ADDRESS			CITY	STATE	ZIP
NAME AND TITLE OF IMMEDIATE SUPERVISOR				PHONE NO. OF EMPLOYER	
DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING					

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

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

**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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**OFFICE USE ONLY**

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