



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Date _____

Name: (First) _____ (Middle) _____ (Last) _____			Email (print legibly) _____	
Local Current Address: (Street) _____		(City) _____	(State) _____	(Zip) _____
Permanent Mailing / P.O Address: _____		(City) _____	(State) _____	(Zip) _____
Primary Telephone () _____	2 nd Telephone () _____	Work Telephone () _____	(may we contact you at work) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked at Mt. Ashland Before? _____ If yes, what department? _____ Year(s) _____				
Have you worked at a ski area before? _____ If yes, name of area? _____				
Position _____ Dates of Employment: From _____ To _____				
Are you related to anyone in the company? (circle one) Yes No If yes, give name and position: _____				

POSITION DESIRED (first, second and third preference)

1. _____	2. _____	3. _____
Please list any days or hours you cannot work: _____		
Work availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days only <input type="checkbox"/> Nights only (Thu/Fri)		
<input type="checkbox"/> Monday <input type="checkbox"/> Tue/Wed (holiday only) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
If offered a position at Mt. Ashland, can you submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If under 18, If hired can you show proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony, or within the last five years, of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State the date of the conviction and the nature of the offense: _____		
Please list any reasonable accommodations you need, if any, to perform the essential functions of the position(s) for which you are applying: _____		
How did you hear about us? Please <input checked="" type="checkbox"/> box and list source		
<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet Site <input type="checkbox"/> Employee Referral Source (Name of Newspaper, Name of website, Name of Friend) _____		

EMPLOYMENT HISTORY (Most recent first)

Present or Last Employer:		Phone:		Job Responsibilities (Be Specific):	
Street Address:		City:	State:		
Hire Date:	Starting Position:	Starting Wage:			
Date Left:	Final Position:	Final Wage:			
Name and Title of Immediate Supervisor					
Reason for Leaving:					
Employer:		Phone:		Job Responsibilities (Be Specific):	
Street Address:		City:	State:		
Hire Date:	Starting Position:	Starting Wage:			
Date Left:	Final Position:	Final Wage:			
Name and Title of Immediate Supervisor					
Reason for Leaving:					

Reference Name	Reference Name
Phone	Phone
Relationship	Relationship

EDUCATION

High School/College/Other	Location	Course of Study	Years Completed	Degree Conferred	Date
				Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	

Foreign Language/Sign Language

	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>	Proficiency
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Skiing and/or snowboarding abilities (not required for all positions)

Ski School and Ski Patrol requires skiing and/or snowboarding. Questions (1) through (3) are optional if not applying for these positions.

1. Do you ski? Do you snowboard? 2. If so how long? _____ 3. Describe your ability _____

Ski School Only: PSIA/AASI Certified? Yes No If yes, specify level: I II III Date _____

Ski Patrol Only: Do you have current W.E.C. _____ CPR _____ E.M.T _____

Why do you want to work for Mt. Ashland?

Why do you feel you are the perfect person for this position?

PLEASE READ AND ASK ANY QUESTIONS BEFORE SIGNING:

I AM AWARE THAT POSITIONS MAY REQUIRE BACKGROUND CHECKS, DRIVING RECORD CHECKS, AND/OR PUBLIC RECORDS CHECKS AS A CONDITION OF EMPLOYMENT. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION INCLUDING THE RELEASE OF REQUESTED INFORMATION BY FORMER EMPLOYERS. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR NOT BEING HIRED OR IF HIRED, CAUSE FOR DISMISSAL.

IF HIRED, I WILL CONFORM TO THE RULES AND REGULATIONS OF MT. ASHLAND, INCLUDING MT. ASHLAND'S DRUG-FREE WORKPLACE POLICY AND DRUG TESTING AS OUTLINED IN THE EMPLOYEE HANDBOOK. MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO MANAGER OR REPRESENTATIVE OF MT. ASHLAND HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO ASSURE ME OF ANY FUTURE POSITION, BENEFITS, OR TERMS AND CONDITIONS OF EMPLOYMENT, EXCEPT AS SPECIFICALLY STATED IN A CURRENT WRITTEN AGREEMENT SIGNED BY THE GENERAL MANAGER. I UNDERSTAND THAT THIS APPLICATION WILL BE ACTIVE FOR ONLY 90 DAYS FROM THE DATE BELOW, AFTER WHICH THE APPLICATION WILL BECOME INACTIVE.

I HEREBY STATE THAT ALL THE INFORMATION THAT I PROVIDE ON THIS APPLICATION AND IN MY INTERVIEW IS TRUE AND ACCURATE.

APPLICANT'S SIGNATURE _____ DATE: _____

Mailing Address: MT. ASHLAND, P.O. BOX 220, Ashland, OR 97520-0008

Business Address: 693 Washington St., Ashland

Office phone: (541) 482-2897 Fax: (541) 482-3644

E-mail: hr@mtashland.com

Website: <http://www.mtashland.com>