



RETURNING EMPLOYEE APPLICATION FOR EMPLOYMENT

(complete this application only if you worked at Mt. Ashland **last year**)

Name: (First) (Middle) (Last)		Email (print legibly)
Mailing Address: (Street)		
(City)	(State)	(Zip)
Primary Telephone ()	2 nd Telephone ()	Work Telephone ()

What department did you work for?
What was your job title?
What date would you be available to start work?

Position Desired: (first, second and third preference)

1.	2.	3.
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Please check your work availability

PART TIME FULL TIME SUN MON TUE* WED* THU FRI SAT (*Tue/Wed during Winter Break)

Why do you want to work for Mt. Ashland again? What skills and talents can you bring to your 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: _____