



# MT ASHLAND

Mailing Address: PO Box 220, Ashland, OR 97520-0008  
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## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

Name:	Email (print legibly)		
Local Current Address: (Street)	(City)	(State)	(Zip)
Permanent Mailing / PO Address:	(City)	(State)	(Zip)
Primary Telephone ( )	Alternate Telephone ( )		
Have you worked at Mt. Ashland before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what department? _____ Year(s) _____			
Have you worked at a ski area before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of area? _____			
Position _____ Dates of Employment: From _____ To _____			
Are you related to anyone in the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name: _____			

### POSITION DESIRED (first and second preference)

1.	2.
CAN YOU WORK DURING PEAK WINTER BREAK HOURS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any days or hours you <b>cannot</b> work: _____	
<b>Work availability</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days only <input type="checkbox"/> Nights only (Thurs/Fri) <input type="checkbox"/> Monday <input type="checkbox"/> Tue/Wed ( <b>HOLIDAY ONLY</b> ) <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	
How did you hear about us? Please <input checked="" type="checkbox"/> box and list source <input type="checkbox"/> Social Media <input type="checkbox"/> Radio/TV <input type="checkbox"/> Employee Referral Source (Name of Website or Friend) _____	

### EMPLOYMENT HISTORY (Most recent first)

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

Previous Employer:		Phone:		Job Responsibilities (Be Specific):	
Street Address:		City:	State:		
Hire Date:	Starting Position:				
Date Left:	Final Position:				
Name and Title of Immediate Supervisor:					
Reason for Leaving:					
<b>Reference Name (Non-Relative)</b>			<b>Reference Name (Non-Relative)</b>		
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  I  II  III

Ski School Only: Current PSIA/AASI Certification?  Yes  No If yes, specify level:  I  II  III Date: \_\_\_\_\_

Why do you want to work for Mt. Ashland?

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

**Mt. Ashland is an Equal Opportunity Employer and fully complies with applicable federal, state and local laws rules and regulations in the area of non-discrimination in employment.**

**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: \_\_\_\_\_