



RETURNING EMPLOYEE APPLICATION FOR EMPLOYMENT

(Complete this application only if you have worked at Mt. Ashland in the last 2 years)

Name:	(First)	(Middle)	(Last)	Email <i>(print legibly)</i>
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.
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Please check your work availability

PART TIME
 FULL TIME
 SUN
 MON
 *TUE
 *WED
 THURS
 FRI
 SAT *(*Tue/Wed during Holiday only)*

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