



WOLF CREEK

THE MOST SNOW IN COLORADO™

APPLICATION FOR EMPLOYMENT

P.O. Box 2800, Pagosa Springs, CO 81147

AN EQUAL OPPORTUNITY EMPLOYER. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. **Please print**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related factors.

Name _____ Today's Date _____

Address _____ Social Security # (optional) _____

_____ Are you 18 years of age or older? _____

Telephone # _____ E-mail: _____

If hired, can you furnish proof you are eligible to work in the United States? _____

Please indicate which TWO documents you will provide on your first date of employment:

Driver's License: _____ Passport: _____ Social Security Card: _____ Military ID: _____ School ID w/ Photo: _____

Birth Certificate: _____ Permanent Resident Card: _____ Voter's Registration Card: _____ Government ID: _____

Have you ever filed an application with us before? _____ If yes, give year _____

Have you been employed with us before? _____ If yes, give department & year _____

In which of the following departments are you interest? Number choices by priority (i.e. 1st, 2nd, & 3rd).

Ticket Sales _____ Ski Lifts _____ Food Service or Bar _____ Cashier F&B _____

Ski Rental _____ Ski Patrol* _____ Retail Sport Shop _____ Grooming _____

Janitorial Maintenance _____ Heavy Equipment Mechanic _____ Ticket Checking/Parking _____

Snow Reporting _____ Snow Removal _____ Ski School _____ Wolf Pup Bldg Attendant _____

*Ski Patrol requires CPR and EMT training. All cards must be current. You must also be a strong skier.

PREVIOUS EXPERIENCE

Education: High School _____ College _____ Other _____

Major fields of study or training _____

Do you speak a foreign language? (beneficial for certain positions) _____

Jobs: Give nature of last 3 jobs; and names, addresses and phone numbers of employers.

1) _____

2) _____

3) _____

References: Give names, addresses and phone numbers of employment references.

1) _____

2) _____

3) _____

Why did you leave your last 3 jobs? (please be specific)

1) _____

2) _____

3) _____

Do you have experience running machinery of any kind? _____ If so, which type of equipment? _____

Do you have computer or office equipment experience? _____ If so, which computers, programs and equipment?

What is your skiing/snowboarding experience and/or other qualifications? _____

Any other information about yourself that may have a bearing on your employment: _____

Why would you like to work at Wolf Creek Ski Area? _____

When can you start work? _____

Circle one: FULL-TIME PART-TIME HOLIDAYS

Until what date can you work? _____

AFFIDAVIT, CONSENT and RELEASE: Please read each statement carefully before signing.

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENT BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OR CEO OF THE WOLF CREEK SKI AREA HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT OR CEO AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

This application for employment will remain active for 90 days.

(FOR SKI AREA USE ONLY)

Interviewed by _____ Dept. _____ Date _____

Interviewer Comments _____

References checked? _____

Hired? _____ Department _____

Part-time seasonal, start date _____ Full-time seasonal, start date _____

Holidays only, start date _____ Full-time year-round, start date _____