



AT NASHOBA VALLEY SKI AREA

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER  
 PROOF OF CITIZENSHIP OR IMMIGRATION IS REQUIRED UPON EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_

|                            |                          |
|----------------------------|--------------------------|
| NAME (LAST, FIRST)         | EMAIL                    |
| MAILING ADDRESS            | CITY, STATE, ZIP         |
| PHONE                      | ALTERNATIVE PHONE        |
| EMERGENCY CONTACT NAME     | EMERGENCY CONTACT NUMBER |
| HOW DID YOU HEAR ABOUT US? |                          |

- HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES \_\_\_\_ NO \_\_\_\_  
 IF YES, GIVE DATES \_\_\_\_\_ POSITION \_\_\_\_\_
- ARE YOU: UNDER 18 \_\_\_\_ 18 OR OLDER \_\_\_\_  
 IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT? YES \_\_\_\_ NO \_\_\_\_
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_ NO \_\_\_\_  
 IF YES, GIVE DETAILS ON A SEPARATE PIECE OF PAPER.
- SOME JOBS MAY REQUIRE LIFTING OF HEAVY OBJECTS. IS THERE ANY REASON THAT YOU  
 WOULD NOT BE ABLE TO PERFORM THESE JOB RELATED DUTIES? YES \_\_\_\_ NO \_\_\_\_  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

|  |  |
|--|--|
| PUT AN "X" IN FRONT OF EACH POSITION THAT YOU WISH TO BE CONSIDERED FOR:<br><input type="checkbox"/> BUS TABLES <input type="checkbox"/> SECURITY<br><input type="checkbox"/> WAIT TABLES <input type="checkbox"/> EXPEDITOR<br><input type="checkbox"/> BARTENDER <input type="checkbox"/> BAR BACK<br><input type="checkbox"/> COOK <input type="checkbox"/> HOSTESS |  |
|--|--|

Please indicate all times you can be available to work in the boxes below.

|            | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Start Time |        |         |           |          |        |          |        |
| End Time   |        |         |           |          |        |          |        |

How many hours per week do you want to work? \_\_\_\_\_  
 How many days per week do you want to work? \_\_\_\_\_  
 On what date would you be available to start? \_\_\_\_\_

**DESCRIPTION OF YOUR EDUCATION**

| NAME AND LOCATION OF SCHOOL | DATES ATTENDED | DID YOU GRADUATE? | COURSE OF STUDIES |
|-----------------------------|----------------|-------------------|-------------------|
| HIGH SCHOOL                 |                |                   |                   |
| COLLEGE / TRADE             |                |                   |                   |
| GRADUATE / TRADE            |                |                   |                   |

**PROVIDE A BRIEF EMPLOYMENT HISTORY**

| EMPLOYER NAME | DATES | SUPERVISOR | SUPERVISOR CONTACT | SALARY | POSITION | REASON FOR LEAVING |
|---------------|-------|------------|--------------------|--------|----------|--------------------|
| MOST RECENT   |       |            |                    |        |          |                    |
|               |       |            |                    |        |          |                    |
|               |       |            |                    |        |          |                    |
|               |       |            |                    |        |          |                    |

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

**PROVIDE PERSONAL REFERENCES (AT LEAST 3)**

| NAME | PHONE | EMAIL | ADDRESS | BUSINESS NAME |
|------|-------|-------|---------|---------------|
|      |       |       |         |               |
|      |       |       |         |               |
|      |       |       |         |               |
|      |       |       |         |               |

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT WILL BE AT WILL IN NATURE AND MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME, BY EITHER MYSELF OR MY EMPLOYER.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_