



P. O. Box 1, Flat Top, West Virginia 25841
 Ph. 304-787-3221, Ext. 237 • winterplace.com

Employment Application

Office Use Only

Interview Date/Time: _____ / _____ : _____
 Position: _____
 Paperwork Date/Time: _____ / _____ : _____

Interviewer: _____
 Status: 1 2 3
 Birth Certificate Yes No

Name: _____
 (PLEASE PRINT) Last First Middle
 Address: _____
 Mailing Address/Box # City State Zip
 Phone: _____ / _____
 Email Address: _____

Education

List the highest grade completed: _____ Are you under 18? _____ Are you under 16? _____
 High School: (Name and Address) _____
 College: _____ Degree: _____
 Describe Specialized Training, Apprenticeship Skills & Extracurricular Activities: _____

Positions Available and Additional Information

What position are you interested in? (Choose up to 3 positions you are interested in.)

- | | | |
|--|---------------------------------|-----------------------------------|
| Accounting/Inventory Clerk _____ | Group Sales/Call Center _____ | Shuttle Bus Driver _____ |
| Central Office Cashier _____ | Housekeeper _____ | Ski Patroller _____ |
| Courtesy Patroller _____ | Lift Operator _____ | Ski School Instructor _____ |
| Food and Beverage/Bartender/Server _____ | Parking Attendant _____ | Snowtubing Attendant _____ |
| Food and Beverage/Cashier _____ | Rental Shop Technician _____ | Snowmaker _____ |
| Food and Beverage/Cook _____ | Retail Shop Assoc/Cashier _____ | Ticketing Cashier/Info Desk _____ |
| Food and Beverage/Utility _____ | Security Officer _____ | Vehicle Maintenance/Tech _____ |

Note: Due to changing demands of business, it is sometimes necessary to shift employees from their primary positions to other areas. For example: A Ski School Instructor may need to help as a Parking Attendant or a Rental Shop Technician may need to help as a Food and Beverage/Utility person. From time to time Winterplace employees may also be supervised by other companies as directed by Winterplace.

Do you ski/snowboard? Yes _____ No _____ If no, would you like to learn? Yes _____ No _____
 Are you a returning employee? Yes _____ No _____ Last year worked _____ Dept. _____
 How did you hear about Winterplace? _____

Ski Patrol and Security Applicants

List any First Aid or Medical Training you possess (Advanced First Aid, E.M.T., C.P.R., etc.)

Type of Training: _____	Certification Expiration Date: _____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____

What shifts can you work? 7:30 am - 3:30 pm _____ 3:30 pm - 11:30 pm _____ 11:30 pm - 7:30 am _____

Name the two most important things you believe Winterplace should focus on in order to achieve and maintain a high level of success.

1. _____
2. _____

What can Winterplace do to ensure that even one day of skiing feels almost like a "vacation in a day"?

1. _____
2. _____

How would you, as an employee of Winterplace, contribute to the above four things?

Employment History: (Please list the most recent employer first.)

Employer's Name and Phone Number	Dates Employed (mo./yr.)	Hourly Rate Salary	Describe Duties
Name	From: /	Starting Wage: \$	
Phone	To: /	Ending Wage: \$	
Reason for Leaving:			
Name	From: /	Starting Wage: \$	
Phone	To: /	Ending Wage: \$	
Reason for Leaving:			

Character References (Please do not list relatives.)

Name: _____ Phone: _____
Name: _____ Phone: _____

Job Applicant's Agreement and Certification

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of the information in my application to verify my statements, and I authorize the past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information. I further agree, that if I become employed, I will work faithfully and diligently, I will be careful while working and avoid accidents, and I will report to work on time and not be absent from work for any reason without prior notice to my supervisor. I understand and agree that my employment would be employment at will and such is terminable by employer or employee without notice, cause or compensation. These rules and policies are intended to guide the organization in its relationship with its employee. They are not a contract of employment and I do not construe them as such. Policies and rules which are issued are not conditions of employment. I understand that the employer may revise policies and procedures, in whole, or in part, at anytime, with or without notice. If you are under 18 years of age, please have a parent or guardian also sign.

Signature of Applicant: _____ Date: _____
Parent or Guardian: _____ Date: _____

BACKGROUND – SECURITY INFORMATION

All Applicants...to be considered for employment you may be subject to a detailed background check. Questions below must be answered truthfully and honestly. RELEASE...I hereby release the following information for confidential personnel use only.

Signature: _____ Date: _____

Background Information

Jobs Requiring the Handling of Money or Access to Sensitive Areas

1. Yes No Have you ever been convicted of any crime other than a minor traffic violation? explain: _____
2. Yes No Are you bondable?
3. Yes No Have you ever attempted to be bonded and denied? explain: _____

Jobs Requiring Driving a Company Owned Vehicle

1. *Yes No Do you hold a valid West Virginia driver's license? Yes No CDL with passenger endorsement?
2. *Yes No Do you hold a driver's license issued by another state? State: _____ Exp ____/____/____
3. **Yes No Do you presently have traffic violation points against your driver's license? If so, total points? _____

NOTICE TO EMPLOYEES: PER THE "COMMERCIAL MOTOR VEHICLES SAFETY ACT" IN EFFECT JULY 1, 1987, IF YOU DRIVE A COMMERCIAL VEHICLE FOR THE COMPANY:

**(Questions 1 & 2 conform to the "Commercial Motor Vehicle Safety Act" made effective July 1, 1987.)*

*** (Question 3 conforms to the requirements of our insurance carrier.)*

- A) YOU MUST NOTIFY THIS COMPANY OF ANY REVOCATION, SUSPENSION, OR CANCELLATION OF YOUR DRIVER'S LICENSE WITHIN 30 DAYS OF THE SUSPENSION, REVOCATION, CANCELLATION DATE.

