

P. O. Box 1, Flat Top, West Virginia 25841 304-787-3221 Ext 106 • hiring@winterplace.com

Employment Application

		Office Us	se Only				
Interview Date/Time:	1	: : : : : : : : : : : : : : : : : : : :		Interviewer:			
Position:				Status:	1	2	3
ame:							
PLEASE PRINT) Last		First		Mid	dle		
.ddress:							
ddress:Mailing Addre		City	State		Zip		
hone:			_ Email Addres	s:			
		Educa	ation				
ist the highest grade comple	eted:	Are	ou under 18?	Are	you under	16?	
ligh School: (Name and Add	dress)	_			,	_	
	•						
College:			e:				
escribe Specialized Training	g, Apprenticeship s	SKIIIS & EXTRACUTIO	cular Activities:				
D	ositions Ava	ailabla and	Additional	Informatio	an .		
	USILIUIIS AVA	allable allu	Additional	IIIOIIIIau	JII		
Vhat position are you	interested in?	(Choose up to 3 p	ositions you are in	nterested in.)			
				Cki Dotrollor			
ourtesy Patroller ood and Beverage/Bartender		usekeeper Operator		Ski Patroller Ski School In	structor	-	
ood and Beverage/Cashier		king Attendant/Utility		Snowtubing A		-	
ood and Beverage/Cook		ntal Shop Technician		Snowmaker		_	
ood and Beverage/Utility		ail Shop Assoc/Cashier		Ticketing Cas	shier/Info Desk		
all Center/Group Sales		uttle Bus Driver		Terrain Park	Attendant	_	
low did you hear about Wint	terplace?						
						•	
/hat shifts can you work? 7	7:30 am - 3:30 nm	3:30 pm	n - 11:30 nm	11:30 nm	- 7:30 am		
	.00 am 0.00 pm		1 11.00 pm	11.00 pm	7.00 4111		
mat silits carryou work:							
ame one thing you believe \	Winterplace should	d focus on in orde	r to achieve and n	naintain a high	level of suc	cess.	

Phone:

Employment History:	(Please	e list the most i	recent employer first.)	
Employer's Name, Address, and Phone Number	Dates Employed (mo./yr.)	Hourly Rate Salary	Describe Duties	
Name	From:	Starting Wage:		
Address	1	\$		
	То:	Ending Wage:		
	1	\$		
Reason for Leaving:				
	Cki Detrol	\ nulicente		
List any First Aid or Medical Training yo	Ski Patrol A			
Type of Training:	ou possess (Auvanceu Fili		cation Expiration Date:	
Type of Hammig.		Corumo		
			/ /	
			/	
			/	
	Background	Information		
Johs Requiring th			to Sensitive Areas	
	en convicted of any crime	other than a minor traff	fic violation? explain:	
2. Yes U No U Are you bondable		1.1		
3. Yes L No L Have you ever att	empted to be bonded and	a denied? explain:		
Johs Red	quiring Driving a	Company Owne	nd Vehicle	
	quillig Briving a			
	ılid West Virginia driver's lic		, ,	
′	river's license issued by a	_		
3. **Yes No Do you presently	y have traffic violation poi	nts against your driver's	s license? If so, total points?	
	YEES: PER THE "COMME 987, IF YOU DRIVE A COM			
*(Questions 1 & 2 conforn	n to the "Commercial Moto	or Vehicle Safety Act" m	ade effective July 1, 1987.)	
`	on 3 conforms to the requ		,	
,			ON, OR CANCELLATION OF YOUR ION, CANCELLATION DATE.	
		·	·	
	oplicant's Agree			
I certify that the information given by me in this application dismissal without notice, if and when discovered. I aut	thorize the use of the information in	my application to verify my state	ements, and I authorize the past employers, all	
references and any other person to answer all question any liability or damage on account of having furnished	d such information. I further agree, t	hat if I become employed, I will v	work faithfully and diligently, I will be careful while	
employment would be employment at will and such is	terminable by employer or employ	ee without notice, cause or com		
guide the organization in its relationship with its emplo not conditions of employment. I understand that the e				
years of age, please have a parent or guardian also si above must be answered truthfully and honestly. RELI				
Olemanture of Art. II	-		·	
Signature of Applicant:				
Parent or Guardian:		Date:		