



**Ski Sundown** Winter made better!

## Application for Employment

P.O. Box 208, New Hartford, CT 06057 / 860-379-7669 / skisundown.com

Email application to: Humanresources@skisundown.com

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Where did you hear about Job Fair? \_\_\_\_\_

Position(s) Applied for – please indicate preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### For Snowsports School Applicants Only

You must be able to ski or snowboard on most terrain in all types of conditions.

Are you PSIA-AASI Certified? \_\_\_\_\_ What level? \_\_\_\_\_ Alpine ( ) Snowboard ( )

Ski areas worked at: \_\_\_\_\_ What position(s) \_\_\_\_\_

Number years experience: Skiing \_\_\_\_\_ Snowboarding \_\_\_\_\_

Special skills or training: \_\_\_\_\_

How many hours per week are you available? Less than 15 \_\_\_\_\_ 16-24 \_\_\_\_\_ 25+ \_\_\_\_\_

What days of the week are you available? M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ If so, when and in what department and

position? Dates \_\_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_

There are age requirements for some positions. Are you at least 18 years of age? \_\_\_\_\_

### Educational Background Please show number of years attended

High School 9 10 11 12 Have Degree Yes \_\_\_ No \_\_\_ Still attending Yes \_\_\_ No \_\_\_

College 1 2 3 4 Have Degree Yes \_\_\_ No \_\_\_ Still attending Yes \_\_\_ No \_\_\_

Vocational/Other \_\_\_\_\_ Have Degree Yes \_\_\_ No \_\_\_ Still attending Yes \_\_\_ No \_\_\_

Name of High School \_\_\_\_\_ Course of Study \_\_\_\_\_

Name of College/Vocational \_\_\_\_\_ Course of Study \_\_\_\_\_

**Work History** List most recent or present job first. Fill in completely.

1. \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Position \_\_\_\_\_ Wage \_\_\_\_\_  
\_\_\_\_\_  
Name of employer \_\_\_\_\_ Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
\_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Position \_\_\_\_\_ Wage \_\_\_\_\_  
\_\_\_\_\_  
Name of employer \_\_\_\_\_ Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
\_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Position \_\_\_\_\_ Wage \_\_\_\_\_  
\_\_\_\_\_  
Name of employer \_\_\_\_\_ Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
\_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Military service Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which branch? \_\_\_\_\_

Dates of duty \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

**Personal References**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Ski Sundown operates on all winter holidays, including December and February vacation weeks. Employees are expected to work holidays and holiday weeks when scheduled. Employees are also expected to work for the entire season for which they were hired.**

**I hereby authorize investigation of all statements in this application, including contact of former employers. I understand that misrepresentation or omission of facts called for is cause for termination. Further, I understand that the position offered is seasonal employment and for an indefinite period, subject to termination at any time without notice. I also understand that I may be asked to undergo drug and alcohol testing as part of pre-employment screening. Ski Sundown will maintain confidentiality, comply with testing requirements, and provide you with a copy of any positive test result.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Exhibit B**

**SKI SUNDOWN**

**SUNDOWN FOOD & BEVERAGE**

**Disclosure and Authorization for the Release of Information**

SKI SUNDOWN or SUNDOWN FOOD & BEVERAGE (hereinafter, "THE EMPLOYER") will use Research Services, LLC, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to THE EMPLOYER. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, Research Services, LLC. may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to THE EMPLOYER, and Research Services, LLC, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. This authorization in original or copy form shall be valid from the date signed and remain in effect for the duration of employment. According to the Fair Credit Reporting Act, I will be notified by THE EMPLOYER if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to THE EMPLOYER. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Research Services, LLC 124 Simsbury Road Building One, Avon, CT, 06001. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES\_\_\_\_ NO\_\_\_\_  
(If "YES", in what State? \_\_\_\_\_Year \_\_\_\_\_)Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes sections 46b-146, 54-76o or 54-142a, the criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

**\*\*\*\*\*PLEASE FILL OUT THIS FORM COMPLETELY\*\*\*\*\***

Print Name: \_\_\_\_\_

List ALL other first & last names ever used: \_\_\_\_\_  
(PRINT NAME) (YEAR LAST USED) (PRINT NAME) (YEAR LAST USED)

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires \_\_\_\_\_

CURRENT Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

PREVIOUS Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

School/College Attended \_\_\_\_\_ State \_\_\_\_\_ Last Year Attended \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ If you graduated, indicate \_\_\_\_\_ Certificate \_\_\_\_\_ GED \_\_\_\_\_ Diploma \_\_\_\_\_

Registered and/or Graduated under what name? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For EMPLOYER Use Only:</b> Requested by _____ PH: _____ FX: _____	
Criminal (Indicate States) _____ Driver History _____ Employment _____ (#) Education _____ (#)	
Social Security _____ Professional License _____ Sex Offender Registry _____ Incarceration _____ Credit _____	
Phone: 860-678-0066	Fax: 860-678-0077 or 860-678-0099