



Application for Employment

Email Application to employment@skisg.com



Sleeping Giant is a family oriented, drug-free work place.

Please rank departments in order of your interest (1 being the most desirable)

_____	Food & Beverage	_____	Rental Shop	_____	Medic	_____	Zip Line Attendant
_____	Ski School Instructor	_____	Lift Operator	_____	Sales	_____	Zip Line Guide

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References - Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Please Write Down Your Availability

Ski Season Normal Operations are Friday-Sunday and School Holidays 9am-4pm
Night Skiing Operations are Tuesday, Friday, And Saturday Nights from 4pm-7pm

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Zipline Season Normal Operations are June 15-Sept. 15 from 8am-6pm

Disclosures and Signature

Community Mountain, LLC d/b/a Sleeping Giant Ski Area & Zipline is an equal opportunity employer. Sleeping Giant Ski Area & Zipline does not discriminate against any employee or applicant on the basis of race, color, national origin, sex, disability, religion, or age in employment opportunities.

As part of the pre-employment application process, Community Mountain, LLC conducts a background investigation into the employment, education, driving, and criminal histories of every applicant who is under final consideration for hire by Sleeping Giant Ski Area & Zipline.

By submitting this application, I _____ hereby certify that I understand and agree with the following conditions of employment:

I understand that it may be necessary, as a condition of employment, to take and pass a physical examination, to assure that I have the physical capability of performing the requirements of my position and to assure that I am not taking illegal drugs. During the course of my employment, it may be required for me to take further physical exams to assure that my health is not being affected by my duties and that I remain free from illegal drug usage.

If the duties of my position might require operating any vehicles and/or other related machinery, I understand that my driving record will be checked periodically and that my continued employment may be predicated on maintaining a good driving record.

I hereby authorize Sleeping Giant to be the custodian of the reports of my physical condition and driving record and in return Sleeping Giant assures me the information contained in these reports will be treated with the same regard for confidentiality that all other private matters pertaining to employees are accorded within the firm.

I also understand that I am subject to a background check as a condition of employment and will be required to consent to said background check as a condition of my employment.

Finally, I understand that these guidelines may be changed at any time without prior notice.

By signing below, I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination from employment.

Applicant's Signature

Applicant's Name
(Please Print)

Today's Date