

Sleeping Giant Ski Area & Zip Line Application for Employment



**Sleeping Giant is a family oriented drug free work place.
If drugs are part of your life please do not apply for employment with us.**

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

___ **Food & Beverage**
___ **Instructor**

___ **Zip Line Attendant**
___ **Medic**

___ **Front Desk Sales**
___ **Lift Operator**

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address	Apartment/Unit #	
City	State	ZIP
Phone	E-mail Address	
Driver's License No.	State	
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain
EDUCATION		
High School	City, State	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	City, State	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other Skills/Certificates: (certified rental technician, PSIA/AASI, 1 st aid, etc.)		
Skill/Cert.:	Date	
Skill/Cert.:	Date	
REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES.		
Full Name	Relationship	
Company	Phone ()	
E-mail:		
Full Name	Relationship	
Company	Phone ()	
E-mail:		
Full Name	Relationship	
Company	Phone ()	
E-mail:		

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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Normal Operations are Friday-Sunday and school holidays 9:00am-6:00pm- please write down your availability						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Sleeping Giant Ski Area is an equal opportunity employer. Sleeping Giant Ski Area 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, Yellowstone Recreations, LLC requires formal reviews and investigations of employment, education, driving and criminal histories of every applicant under final consideration for hire by YR, LLC, YRF or Sleeping Giant Ski Area, prior to the individual attaining full-time or part-time status.

It has been explained to me 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. Also, if I must drive on company business, 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 can be changed at any time, with no prior notice being required.

Disclaimer and Signature

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.

(Employee's Name – Please Print)

(Employee's Signature)

(Date)