

## McIntyre Ski Area

The Hill Bar & Grille

## APPLICATION FOR PRE-EMPLOYMENT

Pre-employment Questionnaire;

An Equal Opportunity Employer

Please fill out all parts completely and legibly. Failure to complete may limit your employment opportunity.									
Check all boxes that apply		□Under 18 □18 +			Today's Date				
LAST NAME		FIRST NAME				MIDDLE INITIAL			
SOCIAL S	SOCIAL SECURITY NUMBER				ATION)	DOB			
MAILING	MAILING ADDRESS								
CITY		STATE				ZIP			
PHONE #	:		E-MAIL ADDRESS						
	CHECK	ALL POSITI	ONS OF INTER	EST AND N	UMBER T	HEM IN ORI	DER OF PRE	FERENCE	
Host/Hostess Outdoor maintance Server Dishwasher Bartender Maintenance/Custodial Cook/Prepcook Busser									
Have you ever been arrested or convicted of a crime that has not been annulled by the Court? (yes or no)  Are you employed now? If so, may we contact your present employer? Contact name  Have you ever applied to this company before? When? Date you can start Desired pay									
EDUCATION		Name and location of School				# of Years attended	Did you Graduate?	Subjects Studied?	
High	School -								
Col	llege					_			
Trade School or _ Other									
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.									
Availability									
<u>Please list hours available</u>									
ļ	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
From									
То									
اما									

Turn over and complete the back page

## PREVIOUS WORK EXPERIENCE: (RETURNING EMPLOYEES EXEMPT FROM THIS SECTION)

In the section below, please describe your experience/work history. Resumes submitted in lieu of a completed application will NOT be accepted. Be sure to list your most experience first. You are encouraged to provide an up-to-date resume to any interview for this position.

position.						
FORMER	R EMPLOYERS (List your last for	ur employers b	elow, startii	ng with the n	nost recent).	
Month and Year	Name and Address of Employer		Salary	Position	Reason for Leaving	
From						
То						
From						
To From						
To						
From						
То						
REFERENCES: Give	the names of three people not relate	ed to you, whom	you have kno	own at least o	ne year.	
Name	Address	Phone	Business		Years Acquainted	
	ORD: (NEW AND RETURNING EM				TION)	
Do you have any phys considered? Yes	sical limitations that preclude you from p No If yes, what can be done	0 ,	-	ŭ		
considered: res	ii yes, what can be done	to accommodate	your illilitation	1:		
	(MUST BE FILLED OUT FOR	R APPLICANTS UNDE	R THE AGE OF	18)		
Parent's or Guardia	n's Name			Phone		
Address						
STREET	CITY	STATE	ZIP	EMAIL		
EMERGE	NCY CONTACTS- Please list T	HREE (3) belo	w. This se	ction must	be filled out.	
Name:	Relationship:			Phone:		
Name:	ne: Relationship:		Phone:			
Name:	Relationship:		Phone:			
THAT IF EMPLOYED, FAL STATEMENTS CONTAINS EMPLOYMENT AND ANY FOR ANY DAMAGE THAT "I UNDERSTAND AND AG PAYMENT OF MY WAGE AND ITS LEGAL REPRES ME, FOR EDITORIAL, TR	APPLICANT: PLEA ACTS CONTAINED IN THIS APPLICATION ARE LSIFIED STATEMENTS ON THIS APPLICATION ED HEREIN AND THE REFERENCES LISTED A PERTINENT INFORMATION THEY MAY HAVE IT MAY RESULT FROM FURNISHING THE SAME BREE THAT, THAT IF HIRED, MY EMPLOYMEN' IS AND SALARY, BE TERMINATED AT ANY TIME SENTATIVES AND ASSIGNS, THE IRREVOCABI ADE, ADVERTISING, AND ANY OTHER MEDICAL INSTITUTES AND ASS	TRUE AND COMPLE I SHALL BE GROUND BOVE TO GIVE YOU PERSONAL OR OTH FOR YOU. T IS FOR NO DEFINI IE WITHOUT PRIOR I LE AND UNRESTRIC M FOR THE PROMO	TE TO THE BES OS FOR DISMISS ANY AND ALL I IERWISE. AND TE PERIOD AND NOTICE. I HERE TED RIGHT TO TION OF MCINTY	ET OF MY KNOWL SAL. I AUTHORIZI NFORMATION CO RELEASE ALL PA D MAY, REGARDLE EBY GRANT TO M USE AND PUBLIS (RE SKI AREA, LI	E INVESTIGATIONS OF ALL DNCERNING MY PREVIOUS ARTIES FROM ALL LIABILITY  LESS OF THE DATE OF ICINTYRE SKI AREA, LLC. SH ANY PHOTOGRAPHS OF LC. I RELEASE THE	
Date	Signature					