# **Application For Employment**



# PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE**

# WHITE PINE SKI AREA & RESORT

(Citizens to Save White Pine LLC)

				PO Box 190,	Pinedale, WY 8	32941
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS						
PLEASE COMPLETE P	AGES 1-5.			DATE		
Name						
	Last	First		Middle		Maiden
Present address						
	Number	Street	1	City	State	Zip
How long			Email <sup>.</sup>			
	ge					
Position applied for (1)			N T	Days/hours availa No Pref Mon Tue Wed	Thur Fri	
How many hours can yo	ou work weekly?		(	Can you work nig	jhts?	
Employment desired	☐ FULL-TIME ONLY	Y PAR	T-TIME O	NLY   FL	JLL- OR PART-	TIME
When available for work	?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete maddress	nailing	NUMBER O		MAJOR & DEGREE
High School						
College						
Bus. or Trade School						
Professional School						
HAVE YOU EVER BEEN CONVICTED OF A CRIME?						
	of conviction(s), nature of a imposed, and type(s) of r		ng to conv	viction(s), how re	cently such offe	ense(s) was/were

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	WHITE PINE SKI AREA & RESORT (Citizens to Save White Pine LLC) PO Box 190, Pinedale, WY 82941				
APPLICATION FOR EMPLOYMENT					
DO YOU HAVE A DRIVER'S LICENSE?	No				
What is your means of transportation to work?					
Driver's license number State of issue	Operator Commercial (CDL) Chauffeur				
Expiration date					
Have you had any accidents during the past three years?	How many?				
Have you had any moving violations during the past three years	S? How Many?				
Please list two references other than relatives or previous empl	oyers.				
Name	Name				
Position	Position				
Company	Company				
Address	Address				
Telephone ()	Telephone ()				
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.					

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE			WHITE PINE SKI AREA & RESORT (Citizens to Save White Pine LLC)			
					PO Box 190, Pinedale, WY 82941	
		APPLICATION FO	R EMPI	OYMENT		
Military						
	D DEE1	LINITUE ADMED EODOEOO				
			Yes	□No	NI-	
	A MEMI	BER OF THE NATIONAL GUARD?		Yes 1		
Specialty		Date En	tered _		Discharge Date	·
WORK  Please list your work experience for the past five years beginning with your most recent job held.  EXPERIENCE  If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employe	er			ne of last pervisor	Employment dates	Pay or salary
City, State, Zip C Phone number	ode				From	Start
1 Hone Humber					То	Final
			Your la	st job title		
Reason for leavir	ng (be s	pecific)				
List the jobs you company.	held, du	ities performed, skills used or learned,	advance	ments or pro	motions while you wor	ked at this
Name of employed	er			ne of last pervisor	Employment dates	Pay or salary
City, State, Zip C Phone number	ode				From	Start
T Herie Hamber					То	Final
			Your La	ast Job Title:		
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

## PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE**

WHITE PINE SKI AREA & RESORT (Citizens to Save White Pine LLC) PO Box 190, Pinedale, WY 82941

# APPLICATION FOR EMPLOYMENT

WOF	RK		
FXP	FRI	FN	ICF

Please list your work experience for the **nast five years** beginning with your most recent job held.

EXPERIENCE	If you were self-employed, (				. јов пеіа.
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number			From	Start	
Thore number				То	Final
		Your last job title			
Reason for leavir	ng (be specific)				
List the jobs you company.	held, duties performed, skills	used or learned,	advancements or pro	motions while you wor	ked at this
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip C Phone number	ode			From	Start
				То	Final
			Your last job title		
Reason for leavir	ng (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
May we contact y	our present employer?	☐ Yes	□ No		
Did you complete	this application yourself	Yes	□ No		
If not, who did?	<u>-</u>				

### **PLEASE READ CAREFULLY**

#### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Citizens to Save White Pine LLC, Doing Business As White Pine Ski Area and Resort (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Citizens to Save White Pine LLC, Doing Business As White Pine Ski Area and Resort, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Citizens to Save White Pine LLC, Doing Business As White Pine Ski Area and Resort may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:
This Company is an equal employment opportunity employ decisions without regard to race, color, religion, sex, sexua disability. We assure you that your opportunity for employing qualifications.	l orientation, national origin, citizenship, age or
Thank you for completing this application form an	d for your interest in our business.