



Leavenworth Winter Sports Club

P.O. Box 573
Leavenworth, WA 98826
509-548-5477
www.skileavenworth.com

DATE RECEIVED
DATE FORWARDED

APPLICATION FOR EMPLOYMENT

Position Desired: Indicate the department you are interested in by marking 1st, 2nd & 3rd choices:

- | | | |
|--|---|--|
| <input type="checkbox"/> Nordic Instructor | <input type="checkbox"/> Alpine Instructor | <input type="checkbox"/> Ski Patrol |
| <input type="checkbox"/> Ticket Sales | <input type="checkbox"/> Grooming Operator | <input type="checkbox"/> Rope Tow Operator |
| <input type="checkbox"/> Food & Beverage / Lodge | <input type="checkbox"/> Tubing Attendant | <input type="checkbox"/> Tubing Tow Operator |
| <input type="checkbox"/> Ski Hill Ops Supervisor | <input type="checkbox"/> Administrative Asst. | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Marketing & Events | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Terrain Park |

Shift Desired:

Do you prefer Full Time Part Time work: If part-time, when are you available for work?
_____ What date can you begin working with us? ___/___/___

PERSONAL INFORMATION

Please Print Clearly

Today's Date ___/___/___

Name: Last _____ First _____ MI _____

Permanent Mailing Address:		Temporary Mailing Address:	
Street		Street	
City		City	
State	Zip	State	Zip
Phone ()	Best time to reach you	Phone ()	Best time to reach you
Message Phone ()	Fax ()	Message Phone ()	Fax ()
E-mail		E-mail	

Are you 18 years of age or older? Yes No If not, can you furnish a work permit? Yes No
Have you ever been convicted of a felony? Yes No A conviction record is not an automatic bar to employment
If yes, please explain: _____

Are you a previous LWSC Employee? Yes No
Supervisor: _____ Dates Worked: ___/___/___ to ___/___/___

Are you related to any LWSC employee? If so, please state Name: _____ Dept.: _____
Circle last year of school completed: High School 9 10 11 12 GED College: 1 2 3 4 5

Name: Last

First

MI

SPECIALIZED SKILLS

Indicate experience

Cashiering	Switchboard	WPM Typing Speed	O.E.C. First Aid
Data Entry	10 Key	Retail	First AID CPR Certification
Other Computer experience			
Heavy equipment experience: Type		How long?	
Other experience / skills / tools			
Do you ski? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you ride? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your ability?			

EMPLOYMENT HISTORY

List most recent employer first. All information must be complete and accurate; incomplete applications will not be considered. References will be checked.

	Current / Most Recent Position	Other Employment	Other Employment
<i>Business Name</i>			
<i>Mailing Address</i>			
<i>City/State/Zip</i>			
<i>Supervisor's Name</i>			
<i>Telephone Number</i>	()	()	()
<i>Position/Pay Rate</i>	/	/	/
<i>Responsibilities</i>			
<i>Dates Worked</i>	/ / To / /	/ / To / /	/ / To / /
<i>Reason for leaving</i>			
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL REFERENCES

List two persons, not related to you who can provide personal references.

Name		
Mailing Address		
City		
State/Zip		
Telephone Number	()	()

AGREEMENT

I hereby certify that all answers herein are true to the best of my knowledge. I further understand that all statements made herein may be investigated and verified in the course of considering this application. Should I become employed I understand that false or misleading information contained herein may be the basis for immediate discharge as well as grounds for withdrawal of an offer of employment. I understand that no employee, manager, or other agent of the company has any authority to enter into any agreement for employment for any specified period of time. I further understand that in the absence of such an agreement, employment can be terminated with or without cause by the company at any time. LWSC is an at-will employer and company handbooks, policy statements and practices are not expressed or implied contracts or promises that such policies will be applied in every case. Having made an application with LWSC I hereby authorize the release of information to LWSC. I release and hold harmless past and present employers, references and all persons and institutions whomsoever from any charge because of furnishing said information. I waive any application of the Family Education Rights and Privacy Act insofar as the same might apply to responding to this request for information. Furthermore, I have read the above statements and understand them fully.

Signature _____

Date _____

Thank You for your interest in the Leavenworth Winter Sports Club

All qualified applicants will be considered for employment without regard to race, color, sex, sexual orientation, religion, national origin, age, disability or veteran status.