



# MT. SHASTA SKI PARK

## Seasonal Employment Application

104 Siskiyou Ave • Mt. Shasta, CA 96067  
Phone: (530) 926-8600 Fax: (530) 926-8607

2009/2010  
Season

**Personal Information** Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

Social Security Nr. \_\_\_\_\_ Referred by \_\_\_\_\_

**Employment Desired** Please list positions in order of preference (Maximum 3 positions)

Position 1 \_\_\_\_\_ Position 2 \_\_\_\_\_ Position 3 \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? [ ] Yes [ ] No Initial \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_ Wage Desired \_\_\_\_\_

Do you: [ ] Ski [ ] Snowboard [ ] Both Skill Level [ ] Beginner [ ] Intermediate [ ] Advanced

**Education**

	Name and location of School	Graduated?		Major Subjects	GPA
High School		[ ] Yes [ ] No Year:			
Last College Attended		[ ] Yes [ ] No Year:			
Trade, Business or Correspondence School		[ ] Yes [ ] No Year:			
Military Service		From:	To:		

**Check one: As of November 1<sup>st</sup> this year, you will be** [ ] at least 16 [ ] at least 18 [ ] at least 21

Activities: Civic, athletic, etc. \_\_\_\_\_  
(Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color or national origin of its members.)

Other training: \_\_\_\_\_

Check Certificates you hold: [ ] CPR [ ] First Aid [ ] EMT-Level# \_\_\_\_\_ [ ] Other (specify) \_\_\_\_\_

Please check each month you are available for employment: \_\_\_\_\_ Date you can start \_\_\_\_\_  
[ ] Jan [ ] Feb [ ] Mar [ ] Apr [ ] May [ ] June [ ] July [ ] Aug [ ] Sept [ ] Oct [ ] Nov [ ] Dec

Are you available for weekend work? [ ] Yes [ ] No Are you available for night work? [ ] Yes [ ] No