

Winterplace Ski Resort
Employment Application

P. O. Box 1, Flat Top, West Virginia 25841 Ph. 304-787-3221, Ext. 237 • www.winterplace.com

Office Use Only

Interview Date/Time: / :

Interviewer:

Position:

Status: 1 2 3

Paperwork Date/Time: / :

Date:

Name: (PLEASE PRINT) Last First Middle

Address: Street Address/Box # City State Zip

Phone: Daytime Evening Email:

Education

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 Are you under 18? _____

High School: (Name and Address) _____

College: Degree: _____

Describe Specialized Training, Apprenticeship Skills, & Extracurricular Activities:

Positions Available and Additional Information

What position are you interested in? (Please check one or more positions that you are qualified for.)

- Accounting/Inventory Clerk
Central Office Cashier
Courtesy Patroller
Food and Beverage/Bartender/Server
Food and Beverage/Cashier
Food and Beverage/Cook
Food and Beverage/Utility
Group Sales/Associate
Housekeeper
Lift Operator
Parking Attendant
Rental Shop Technician
Retail Shop Assoc/Cashier
Security Officer
Shuttle Bus Driver
Ski Patroller
Ski School Instructor
Snowtubing Attendant
Snowmaker
Snowmaking-Compressor Op
Ticketing Cashier/Info Desk
Vehicle Maintenance/Tech

Note: Due to changing demands of business, it is sometimes necessary to shift employees from their primary positions to other areas. For example: A Ski School Instructor may need to help as a Parking Attendant or a Rental Shop Technician may need to help as a Food and Beverage/Utility person.

Do you ski/snowboard? Yes No If no, would you like to learn? Yes No
Are you a returning employee? Yes No Last year worked Dept.
How did you hear about Winterplace? (Please check one.) Newspaper Ad Radio Ad
Friend/Relative Employee Internet Other (Please explain)
Facebook Twitter

How many hours per week can you work? Full-time (40 hrs or more) _____ Part-time (32 hrs or less) _____
 What shifts can you work? 7:30 am - 3:30 pm _____ 3:30 pm - 11:30 pm _____ 11:30 pm - 7:30 am _____
 Can you work a Swingshift? (Work part of a shift, go home, then work part of another shift) Yes _____ No _____
 Are you willing to work overtime? Yes _____ No _____

Name the two most important things you believe Winterplace should focus on in order to achieve and maintain a high level of success.

1. _____

2. _____

What can Winterplace do to ensure that even one day of skiing feels almost like a "vacation in a day"?

1. _____

2. _____

How would you, as an employee of Winterplace, contribute to the above four things?

Employment History: (Please list the most recent employer first.)			
Employer's Name, Address, and Phone Number	Dates Employed (mo./yr.)	Hourly Rate Salary	Describe Duties
Name	From:	Starting Wage:	
Address	/	\$	
	To:	Ending Wage:	
Phone	/	\$	
Reason for Leaving:			
Name	From:	Starting Wage:	
Address	/	\$	
	To:	Ending Wage:	
Phone	/	\$	
Reason for Leaving:			
Name	From:	Starting Wage:	
Address	/	\$	
	To:	Ending Wage:	
Phone	/	\$	
Reason for Leaving:			

Ski Patrol and Security Applicants

List any First Aid or Medical Training you possess (Advanced First Aid, E.M.T., C.P.R., etc.)

Type of Training:

Certification Expiration Date:

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

Character References (Please do not list relatives.)

Name: _____ Daytime/Evening Phone: _____/_____

Address: _____ Title: _____
Street Address/Box # City State Zip

Name: _____ Daytime/Evening Phone: _____/_____

Address: _____ Title: _____
Street Address/Box # City State Zip

Name: _____ Daytime/Evening Phone: _____/_____

Address: _____ Title: _____
Street Address/Box # City State Zip

Job Applicant's Agreement and Certification

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of the information in my application to verify my statements, and I authorize the past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information. I further agree, that if I become employed, I will work faithfully and diligently, I will be careful while working and avoid accidents, and I will report to work on time and not be absent from work for any reason without prior notice to my supervisor. I understand and agree that my employment would be employment at will and such is terminable by employer or employee without notice, cause or compensation. These rules and policies are intended to guide the organization in its relationship with its employee. They are not a contract of employment and I do not construe them as such. Policies and rules which are issued are not conditions of employment. I understand that the employer may revise policies and procedures, in whole, or in part, at anytime, with or without notice. If you are under 18 years of age, please have a parent or guardian also sign.

Signature of Applicant: _____ Date: _____

Parent or Guardian: _____ Date: _____

BACKGROUND – SECURITY INFORMATION

All Applicants...to be considered for employment you may be subject to a detailed background check. Questions below must be answered truthfully and honestly.
RELEASE...I hereby release the following information for confidential personnel use only.

Signature: _____ Date: _____ / _____

Background Information

1. Yes No Have you ever been convicted of any crime other than a minor traffic violation? explain: _____
2. Yes No Are you bondable?
3. Yes No Have you ever attempted to be bonded and denied? explain: _____

1. *Yes No Do you hold a valid West Virginia driver's license? Yes No CDL with passenger endorsement?
2. *Yes No Do you hold a driver's license issued by another state? State: _____ Exp ____/____/____
3. **Yes No Do you presently have traffic violation points against your driver's license?
If so, total points? _____

NOTICE TO EMPLOYEES: PER THE "COMMERCIAL MOTOR VEHICLES SAFETY ACT" IN EFFECT JULY 1, 1987, IF YOU DRIVE A COMMERCIAL VEHICLE FOR THE COMPANY:

**(Questions 1 & 2 conform to the "Commercial Motor Vehicle Safety Act" made effective July 1, 1987.)
**(Question 3 conforms to the requirements of our insurance carrier.)*

A) YOU MUST NOTIFY THIS COMPANY OF ANY REVOCATION, SUSPENSION, OR CANCELLATION OF YOUR DRIVER'S LICENSE WITHIN 30 DAYS OF THE SUSPENSION, REVOCATION, CANCELLATION DATE.

B) BELOW PLEASE PROVIDE THIS COMPANY WITH A LIST OF PRIOR EMPLOYERS (WITH ADDRESS OF CITY, STATE AND PHONE NUMBER) OVER THE LAST TEN (10) YEARS.

EMPLOYER'S NAME, ADDRESS AND PHONE NUMBER	DATES EMPLOYED	
	FROM (mo./yr.)	TO (mo./yr.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____