

Welch Village Ski & Snowboard Resort

26685 County Rd 7 , Welch, MN 55089 651-258-4567

welchvillage.com

info@welchvillage.com

EMPLOYMENT APPLICATION

Last Name	First Name	Middle	Today's date:
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Address	Number	Street	City	State	Zip
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Telephone Number(s) home	E-Mail Address
cell	

Best time to contact you is:

If you are under 18, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? If yes, when Yes No

Do you have friends or relatives who work here? If yes, who? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Date you are available to begin work? _____ Desired hourly wage? _____

Position(s) applying for? _____ Prefer Indoor _____ or Outdoor _____

What seasonal hours are you available to work and when: Full time _____ Part Time _____ Temporary _____
Day shift _____ Evening shift _____
Weekends _____ Weekdays _____ Both _____

Are you currently on "lay off" status and subject to recall? Yes No

EDUCATION

	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DIPLOMA/DEGREE
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER			

ADDITIONAL INFORMATION State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military:

How did you learn about us? Advertisement Friend Inquiry Relative Other?

EMPLOYMENT EXPERIENCE

Start with most recent or last job. Include any military service or volunteer activities.

Employer	Dates Employed From To	Work Performed
Address		
Phone Number	Hourly Rate Starting Final	
Job Title		
Supervisor		
Reason for Leaving	May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Dates Employed From To	Work Performed
Address		
Phone Number	Hourly Rate Starting Final	
Job Title		
Supervisor		
Reason for Leaving	May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Dates Employed From To	Work Performed
Address		
Phone Number	Hourly Rate Starting Final	
Job Title		
Supervisor		
Reason for Leaving	May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES Do not include family members or present supervisors.

Name	Phone number or e-mail	Occupation
1.		
2.		
3.		

APPLICANT'S STATEMENT I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

I hereby understand and acknowledge that, unless otherwise defined or noted by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant	Date
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