



# MAD RIVER GLEN COOPERATIVE SKI AREA

## APPLICATION FOR EMPLOYMENT

P.O. Box 1089, 62 Mad River Resort Road, Waitsfield, VT 05673  
 Phone: (802) 496-3551 \* Fax: (802) 496-3562  
 Email: ski@madriverglen.com

NAME: \_\_\_\_\_ DATE : \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET/APT/P.O. BOX CITY STATE ZIP CODE

PERMANENT ADDRESS: \_\_\_\_\_  
STREET/APT/P.O. BOX CITY STATE ZIP CODE

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **EMPLOYMENT DESIRED**

POSITION(S): \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

FULL TIME

PART TIME

AVAILABLE WEEKENDS & HOLIDAYS

ARE YOU CURRENTLY EMPLOYED? WHERE? \_\_\_\_\_ MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

### **EDUCATIONAL BACKGROUND:** List last three schools attended starting with the most recent.

SCHOOL	YEARS COMPLETED	DEGREE	FIELD OF STUDY

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FORMER EMPLOYERS:** List your last four employers, assignments or volunteer activities, including military experience, starting with the most recent.

DATES	EMPLOYER'S NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
to				
to				
to				
to				

**REFERENCES:** List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If applicable, list three school/personal references who are not related to you.

NAME	TELEPHONE	BUSINESS	YEARS KNOWN

**OTHER INFORMATION:** IS THERE ANYTING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY**

NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Mad River Glen Cooperative is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand it is the policy of the Mad River Glen Cooperative not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIRED: \_\_\_\_\_ FOR DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_

WILL REPORT (Date): \_\_\_\_\_ WAGES/SALARY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_