

ALTA SKI LIFTS COMPANY
P. O. BOX 8007
ALTA, UT 84092-8007
(801) 359-1078



APPLICATION FOR EMPLOYMENT

Alta Ski Lifts Company is an Equal-Opportunity Employer.

Name _____ Date _____
Last First Middle

Social Security Number _____ E-Mail: _____

Current Address _____
Street

_____ City State Zip

Permanent Address _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

IN CASE OF EMERGENCY NOTIFY:

Name _____
Telephone _____
Address _____

POSITION(S) APPLYING FOR: (in order of preference)(if applying for ski school, please fill out PSIA information below*)

1. _____
2. _____
3. _____

*You must have at least a PSIA Level 1 certification to teach in the Alf Engen Ski School. You may apply to be a Ski Instructor Apprentice if you do not have any professional ski teaching experience or certification.

(SKI SCHOOL APPLICANTS ONLY) PSIA Certification Level: _____ Is your PSIA Certification current: Yes No

Type of Work Desired: Full Time Part Time Temporary Date Available _____

Your Snow Skiing Ability: Do Not Ski Beginner Intermediate Advanced Expert

Are you interested in living on-site during the ski season in dormitory facilities? Yes No

We try to keep enough staff on-site to open the mountain on road closure days.

1. Why are you interested in working for Alta Ski Lifts Company? _____

2. Have you ever been employed by Alta Ski Lifts Company? Yes No If yes, please give dates of employment, position(s) held, and state your name while employed, if different from present name.

3. Are you 18 years of age or older (21 years of age or older if applying for ski patrol)? Yes No

If you are hired you may be asked to verify your age and you will be asked to fill out an I-9 form.

4. Have you been convicted of any felony or misdemeanor in the past 10 years? Note: A yes answer may not disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered.

Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

Start with your present or most recent employer. Please list both full-time and part-time jobs held.

Company Name _____
Address _____
Name of Supervisor _____
State Job Title & Describe Your Work _____

Telephone _____
Employed (month & year) _____
From _____ To _____
Reason for Leaving _____

Company Name _____
Address _____
Name of Supervisor _____
State Job Title & Describe Your Work _____

Telephone _____
Employed (month & year) _____
From _____ To _____
Reason for Leaving _____

Company Name _____
Address _____
Name of Supervisor _____
State Job Title & Describe Your Work _____

Telephone _____
Employed (month & year) _____
From _____ To _____
Reason for Leaving _____

EDUCATIONAL DATA Name and location of School

High School _____
College or Other School _____

Did you Graduate? Major/Minor
 Yes No _____
 Yes No _____

Additional job related seminars, short courses, workshops or other educational experiences. Attach separate resume for details regarding certification status, dates, locations and divisions.

REFERENCES

List three individuals who are not former employers or relatives.

	Name & Occupation	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

An on-site interview may be required, if you have not been employed previously by Alta Ski Lifts Company. Interviews are conducted by supervisors in each department during September, October and November.

Without limiting the generality of the foregoing, if you have provided false information on this application, but are hired by the Company after the interviewing process, you may be immediately terminated from employment with the Company.

Alta Ski Lifts Company is an "at-will" employer. I understand and agree that if I am employed by Alta Ski Lifts Company, I will be an employee "at-will". This means that I may terminate my employment at any time, for any reason, and likewise, the Company may terminate my employment at any time, for any reason, with or without cause. I further understand that any employment with the Company is for no specific duration, and that no one employed by the Company has any authority to alter my at-will employment status.

SIGNATURE _____

DATE _____

INTERVIEWED BY _____

DATE _____