



APPLICATION FOR EMPLOYMENT

**CROTCHED
MOUNTAIN**

DATE: _____ SS# _____ - _____ - _____

NAME: _____

Last

First

M.I.

POSITION APPLYING FOR _____

AVAILABLE: Full-Time Part-Time Per Diem Shift Preferred: First Second Third

Desired Salary: _____ Available to begin work: _____ Days/Hours Available: _____

ADDRESS: _____

PO Box/Street

City

State

Zip Code

TELEPHONE #: _____ CELL PHONE #: _____ EMAIL: _____

List the addresses you have lived at over the past five years: _____

Are you under 18 in age? Y N Are you legally authorized to work in the United States? Y N

(Any offer of employment is conditioned upon proof of employment authorization as required by federal law).

Have you ever been convicted of a felony? Y N If yes, explain dates and reason _____

If hired, would you be able to perform all the functions of this position? Y N Please describe, if you wish, how you would be able to perform, with or without any reasonable accommodation, the functions of the position for which you have applied:

Were you previously employed by us? Y N If yes, when: _____

Do you have immediate family employed by CM? Y N If yes, please state their names: _____

How did you learn about Crotched Mountain and/or vacant position(s)? CM Web Site Newspaper _____

Internet _____ Employment Referral _____

Employee Referral _____

List experiences, skills and/or qualifications which you feel could mutually benefit yourself and the CM in an employment situation:

Required Information:

In case of emergency notify:

Name

Address

Telephone #

U.S. MILITARY SERVICE:

BRANCH/DUTY/LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SP. HONORS/SP. TRAINING/SERVICE SCHOOLS ATTENDED

EMPLOYMENT: List most recent employer first. You may include volunteer positions if you wish.

DATES: MONTH/YEAR	EMPLOYER NAME/ADDRESS/TELEPHONE #/IMMEDIATE SUPERVISOR NAME	SALARY	POSITION	REASON FOR LEAVING
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

EDUCATION:

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA/DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS, TECHNICAL, TRADE SCHOOL			
SCHOOL OF NURSING			
GRADUATE DEGREE PROGRAM			
OTHER SCHOOL			

Is there any reason why we should not contact any employer for a reference? Y N

REFERENCES: Please provide name, address, e-mail and phone number for three business references (ie. Supervisor, co-worker)
Please do not list personal friends or family members.

NAME/ADDRESS	BUSINESS	E-MAIL ADDRESS	DAYTIME PHONE NUMBER

DECLARATION AND CERTIFICATION: PLEASE READ BEFORE SIGNING:

I hereby certify that all statements made by me on this application and accompanying resume (if any) are true and correct to the best of my knowledge and belief, and that I have withheld nothing that would, if disclosed, materially affect the application unfavorably. I hereby grant Crotched Mountain permission to verify such statements and information. I understand that any misrepresentation or omission of information made by me during the recruitment process may be considered as sufficient cause for rejection of this application or, if employed termination. I acknowledge that this application is not, and is not intended to be, a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time.

I, _____, hereby authorize the release of my employment dates, evaluations of working performance, opinions and any other relevant information to Crotched Mountain or its agents. If applicable, this is to authorize the Registrar/Placement Office to release my educational transcript and information in my placement records to Crotched Mountain. I hereby release all parties with such relevant information and Crotched Mountain from any liability on account of such disclosures.

In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change.

AN EQUAL OPPORTUNITY EMPLOYER: Crotched Mountain Foundation does not discriminate in hiring or employment on the basis of race, color, creed, religion, sex, marital status, national origin, age, mental or physical disability, sexual orientation, genetic predisposition, carrier status or veteran status. No question on this application is intended to secure information to be used for such discrimination.

DATE: _____ SIGNATURE: _____