

JOB APPLICATION

MOUNTAIN SNOW LLC.

174 US 70 W.

MARION, NC. 28752

FIRST:	MIDDLE:	LAST:
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ADDRESS:	CITY:
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STATE:	ZIP:	PHONE:
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EMAIL ADDRESS:	TEXT TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
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I am legally eligible for employment in the UNITED STATES. YES <input type="checkbox"/> NO <input type="checkbox"/>

I can work the following shifts: ANY <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/>

PLEASE LIST SPECIFIC TIMES THAT YOU ARE AVAILABLE

MON:	TUES:	WED:	THURS:
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FRI	SAT	SUN
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*IF YOU ARE UNABLE TO WORK A DAY OF THE WEEK, PLEASE EXPLAIN.

STUDENT INFORMATION

ATTENDING HIGH SCHOOL/COLLEGE:

ADDRESS:	CITY:	STATE:
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CURRENT GPA * Unofficial Transcript will be required at interview:	_____
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EMPLOYMENT HISTORY

EMPLOYER NAME & ADDRESS	POSITION	START/END DATE
1.		
2.		
3.		

PERSONAL REFERENCES (PLEASE LIST 3)

NAME	RELATIONSHIP	CONTACT#
1.		
2.		
3.		

AVAILABILITY

Availability & flexibility is a strong factor we use when selecting candidates for employment. We will base hiring on your current availability.

Initial _____

EVENTS

Working events is part of the staff requirements and may have hours that are required before or after the standard hours. Please initial that you are aware that you may be scheduled to work events that could result in unusual scheduled hours.

Initial _____

We are a seasonal business. Opening mid-February through October. Operational hours are 12pm-9pm Monday-Saturday and 2pm-9pm on Sunday. Hours may be extended during the summer months and as our season winds down, we will adjust our hours accordingly. We are also a weather-based business and if the weather is bad (rain, cold, cloudy) your shift could be reduced or cut. (Please initial that you have read this).

Initial _____

Please explain any of the following that could impact your hours of availability.

1. What year are you in school? _____
2. Do you have early dismissal, what time available? _____
3. Are you a Home School Student? _____
4. Do you have extra-curricular activities? (ie: band, cheer, JROTC, etc) _____
5. What are the time requirements/days for these activities?

6. Do you have your driver's license? _____
7. Do you have your own transportation? _____
8. Do you have any prior commitments? (ie: babysitting, leadership, music lessons, etc) _____
9. Is there anything else you feel we should know?

SUMMER VACATION PLANS: Please list any days you are expecting to travel during the summer break. (ie: senior week, camping trips, family vacations, church camp etc) We attempt to accommodate everyone's schedule, however "surprise" trips are difficult for our business to plan operations around and time off request must be received two weeks in advance. NOTE: Parents **MUST** sign this acknowledgement of your summer plans as it relates to your job availability.

Trips Planned (Dates)

1.	2.
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Applicant Initial: _____

Parent's Signature: _____

NOTIFICATION, AUTHORIZATION AND CERTIFICATION:

I am hereby notified that certain diseases such as Hepatitis A, E Coli 0157, Salmonella, Shigella, Staphylococcus, Giardia, Streptococcus, and Campylobacter will prevent me from handling food equipment until a clean bill of health is received from my medical doctor. It is my obligation to MOUNTAIN SNOW LLC to immediately notify my supervisor should I knowingly become or believe that I am infected with any of these diseases.

I hereby authorize the former employers and references I have listed on this application to provide to MOUNTAIN SNOW LLC with any information that would be meaningful and relevant to this employment application and I release all parties from all liabilities and/or damage that result from furnishing such information. I certify that I have fully read and have accurately completed this employment application to the best of my knowledge. I acknowledge. I acknowledge that false information contained in this employment application may be grounds for MOUNTAIN SNOW LLC to disregard my employment application or to terminate my employment upon discovery of such false information.

I agree to read and follow the rules and regulations contained in the MOUNTAIN SNOW LLC employee handbook that will be provided to me upon my employment and which may be updated periodically by MOUNTAIN SNOW LLC. I understand that MOUNTAIN SNOW LLC is an at-will employer and that MOUNTAIN SNOW LLC may terminate my employment at any time for any reason, with or without cause and that I also have these same rights with regard to terminating my own employment.

I understand that MOUNTAIN SNOW LLC is an equal opportunity employer and makes every effort to comply with various federal, state and local employment laws as applicable. I also understand that the information I have provided in this application will not be used for any purpose(s) that are prohibited by law.

APPLICANT'S SIGNATURE: _____

DATE: _____