



Employment Application

(pre-employment questionnaire - an equal opportunity employer)

Social Security Number: _____ Date: _____

Name: Last _____ First _____ Middle _____

Present Address: _____

Street _____ City _____ State _____ Zip _____

Permanent Address: _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____ Email address: _____

Applicant Note This application form is intended for use in evaluating your qualification for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or if discovered after employment, terminating employment.

Availability For which position are you applying? _____

What category would you prefer? (Check All that Apply) Full-time Part-time

What date can you start? _____ Seasonal Year Round

Which schedules are you available? Weekdays Weekends Holidays Overtime

Job-Related Skills Note: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?

Name on license _____ DL# _____

Type _____ State of issue _____

Yes No Have you had any moving violations within the last seven years?

Please describe. _____

Please list any other skills, licenses or certifications that may be job-related that you feel would be of value to this job or company. _____

Yes No Can you perform the essential functions of this job with or without reasonable accommodations?

Security List states and counties of residence for the past seven years. _____

Yes No Have you been convicted of a crime in the past seven years? If so, please

describe on the lines below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

Incident	City/State	Charge
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1. _____

2. _____

Comments

[] Yes [] No Previous Sunlight Employee? If yes, please indicate when:

Previous Employers Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

Most Recent Employer

Company Name	City	State	Phone Number	Fax Number
Dates Employed	Job Title	Supervisor Name		
Duties				
Reason for Leaving				

Second Most Recent Employer

Company Name	City	State	Phone Number	Fax Number
Dates Employed	Job Title	Supervisor Name		
Duties				
Reason for Leaving				

Third Most Recent Employer

Company Name	City	State	Phone Number	Fax Number
Dates Employed	Job Title	Supervisor Name		
Duties				
Reason for Leaving				

References Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Education Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

High School	Name	City/State	Graduated	Degree?
College	Name	City/State	Graduated	Degree?
Other	Name	City/State	Graduated	Degree?

Referral Please specify how you heard about Sunlight and/or the position you are applying for.
Newspaper: _____ Web site: _____ Friend or family member: _____
Walk-in: _____ Other: _____

Certification and Release I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize Sunlight Mountain Resort, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____ Date _____