

Employment Application

ose this worksheet to accompany your resume.					
Name:					
Address:					
Home Phone:	_ Cell Phone:	_ Social Security number:			
Person to contact in an emergency:		Phone:			
Relationship:		Alternate Phone:			
OPTIONAL INFORMATION					
Date of birth:					
Marital status:	Maiden name:				
Job Objective: Date you ca		_ Date you can start:			
Other job interests:					
Days available to work: _					
Skier:	Snowboarder:				
Education: High School:	Grade Completed:	Grades:			
Years Attended, From:	To:				
College:	Degree:	Year Completed:			
College:	Degree:	Year Completed:			
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Honors, achievements, extracurricular activities, hobbies, or interests				
WHIMS:	First Aid:	Specify:		
Food Safe:	ProServe:			
Other (including conferences,	, workshops, semin	ars):		
Employment Record (In chro	nological order from	n most recent):		
Position:				
Company:				
Date Employed: From:		To:		
Supervisors Name:		Position:		
Supervisors Phone:				
Reason for Leaving:				
Position:				
Company:				
Date Employed:				
Supervisors Name:		Position:		
Supervisors Phone:				
Reason for Leaving:				
Vista Ridge Initials			Applicants Initials	



Position:		
Company:		
Date Employed:	Date Employment Te	rminated:
Supervisors Name:	Position:	
Supervisors Phone:		
Reason for Leaving:		
AUTHORIZATION		
My signature below certifies that: " All information in this application my knowledge and belief. " I understand that false or mislead of employment or discharge. " I authorize the verification of the that may be needed to determine in I authorize Sample Company to opurpose of a reference check. " I understand that this application offer. -As the legal parent/guardian of the the employ of Vista Ridge Recreation	ding information in this apple above information and any my suitability for employment contact any of the reference for employment does not contact any of the permission applicant I give permission	other necessary inquiries nt. s provided by me for the constitute an employment
Applicant's Signature	Date (MM/DD/YYYY)	
Guardian Signiture (if under 18)	Date (MM/DD/YYYY)	Name (print)
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