APPLICATION FOR EMPLOYMENT

BUENA VISTA SKI AREA

19276 Lake Julia Drive NW, Bemidji, MN 56601 Web Site: www.bvskiarea.com
Phone 218-243-2231 E-mail: office@bvskiarea.com

Personal Information:

Last Name	First Name		Middle Initial
Address	City	State	Zip
Phone Number	Gender		18 or older?

Employment Desired: (please print clearly) Today's Date:

	(p.oa.oo pt o.oa)			
Position Applying For:	Lift Operator	Food Service	Office/Cler	ical
(check all positions	Tubing Park	Ski School	Marketing/	Sales
interested in working in)	Rental Tech	Cleaning	Snowmaki	ng/Mntce
Date You Can Start:		Hourly Pay Rate Desired:		
Referred By:		Have You Ever Applied to Buena Vista Before?		
Are You Employed Now?		May We Contact Previous Employer(s)?		
Have you ever pleaded guilty, no contest or been convicted of a crime?		Yes	No	
<u> </u>				

Education:

High School Name		Diploma/GED Received?	Yes	No
Address	City	State	Zip	
Trade or Votech School Name		Certificate Received?	Yes	No
Address	City	State	Zip	
College or University Name		Degree Received?	Yes	No
Address	City	State	Zip	
Other Schooling or Training		Completion Received?	Yes	No
Address	City	State	Zip	

Military Service:

Branch of Service	Years of Active Service?
Member of the Reserves?	Honorable Discharge?

Employment History: (please start with the most recent)

Name of Business		Phone Number		
Address	City	State	Zip	
Position Worked		Reason for Leavir	ng	
Date Started Date Ended		Hourly Pay Rate		
Name of Supervisor or Owner		May We Contact?		
Name of Business		Phone Number		
Address	City	State	Zip	
Position Worked		Reason for Leaving		
Date Started Date Ended		Hourly Pay Rate		
Name of Supervisor or Owner		May We Contact?		
Name of Business		Phone Number		
Address	City	State	Zip	
Position Worked		Reason for Leavir	ng	
Date Started	Date Ended	Hourly Pay Rate		
Name of Supervisor or Owner		May We Contact?		

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Experience: (plea	se list any courses, programs, t	raining, etc. you feel will ap	ply to Buena Vista)
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References: (plea	se list three persons not related	to vou, whom you have kno	own at least one vear)
Name of Reference		Phone Number	om ar load one year,
Address	City	State	Zip
Business	. ,	Years Acquainted	
Name of Reference		Phone Number	
Address	City	State	Zip
Business		Years Acquainted	<u> </u>
Name of Deference		Dhana Numhar	
Name of Reference Address	City	Phone Number State	Zip
Address Business	City	Years Acquainted	
Justitiess		i cars Acquaintec	<i>,</i>
Mark Availability			
Work Availability:			
	ridays through Sundays - some	special opening days - all o	days of Dec 26 - Jan 1
MLK & Presidents Day			
	la d		
Hours you are available on:	Mon.		
	Tues.		
	Wed. Thurs.		
	Fri.		
	Sat.		
	Sun.		
	Curi.		
Dates you are NOT available	e to work:		
,			
Are you available Dec. 26 to	Jan. 1? Yes	No	
·			
Are you certified in CPR and	or First Aid? Yes	No	
Express Permission:			
authorize investigation of all st	atements contained in this applicat	tion. I understand that misrep	resentation or omission
of facts called for is cause for d	ismissal. Further, I understand and	d agree that my employment is	s for no definite period
and may, at the discretion of the	e employer, be terminated at any ti	me without any previous notice	e. Buena Vista
may also exercise the right to ra	andom and/or directed drug testing.	/background checks at Buena	Vista expense.
Signed:		D	ate:
		<u>'</u>	
Interviewed by:		D	ate:
Remarks:			
Neatness:	İ P	unctual:	
Ability:	•		
<u> </u>			
Start Date:	Position:	Da	av Rate: