

# APPLICATION FOR EMPLOYMENT CATALOOCHEE SKI AREA



1080 Ski Lodge Road, Maggie Valley, 28751

828-926-0285 • 800-768-0285

CATALOOCHEE SKI AREA (CSA) is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age or over). In addition CSA does not discriminate against qualified individuals with disabilities. All employees must be able to perform all tasks associated with their position, as required. **Cataloochee Ski Area is a drug-free and smoke-free workplace and random screening tests for illegal drug use may be required before hiring and during your employment here.**

## PERSONAL INFORMATION

Last Name		First	MI	Date
Street Address				Home Telephone ( )
City	State	ZIP	Country	Business Telephone ( )
Have you been employee with us before? ____Yes ____No If Yes, when?			Has your address changed? ____Yes ____No	
Have you ever been convicted of a violation of the law other than a non-moving traffic violation? ____Yes ____No If Yes explain:				E-Mail Address
Do you have access to adequate transportation to travel to and from work? ____Yes ____No If No, please explain:				Social Security #
Proof of citizenship or immigration status will be required upon employment.				Are you over 18 yrs. old? ____Yes ____No
				If No, what is your age? (Complete only if under 18)

## EDUCATION INFORMATION

School	School Name	Course of Study	# Years Completed	Did you Graduate?
College				____Yes ____No if no, anticipated date:
Business/Trade Technical				____Yes ____No if no, anticipated date:
High School				____Yes ____No if no, anticipated date:

## POSITION REQUEST

Please mark your department preference below:

<input type="checkbox"/> Any Available	<input type="checkbox"/> Lift Attendant	<input type="checkbox"/> Maint./Snowmaking	<input type="checkbox"/> Ski/Snowboard School
<input type="checkbox"/> Office/Ticket Seller	<input type="checkbox"/> Rental Shop	<input type="checkbox"/> Guest Services - Host, Parking	<input type="checkbox"/> Ski Patrol
<input type="checkbox"/> Food Service	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Tube World	<input type="checkbox"/> Group Sales

Date available to start work?

Are you available to work:  Weekday Dayshift  Weekends  Evenings  
 Christmas Break (Dates: \_\_\_\_\_)

## ACTIVITIES AND SKILLS

Why do you want to work at CSA?

Why should we hire you?

Do you ski/snowboard?

Do you know anyone working at CSA? \_\_\_\_ Yes \_\_\_\_ No If yes, list below:

Name	Phone	Relationship
1		
2		
3		

# WORK EXPERIENCE

(List most recent employment)

Company Name	Telephone
Address	Employed From: _____ To: _____
Supervisor	Reason for leaving
State Job Title and Describe Your Duties	
Wage and Rate:	
Company Name	
Address	Employed From: _____ To: _____
Supervisor	Reason for leaving
State Job Title and Describe Your Duties	
Wage and Rate:	

## CERTIFICATION AND AUTHORIZATION

I certify that all the facts contained in the application are accurate and complete. I authorize Cataloochee Ski Area to verify the accuracy of the information provided herein, and I authorize former employers and educational institutions to release information concerning me to Cataloochee Ski Area. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment, or if employee, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period, will terminate at the end of the current season and may, regardless of date of payment of wages, be terminated at any time without previous notice and without reason, at the will of either myself or Cataloochee Ski Area. I also understand and agree that no one has authority to promise me job security or continued employment, except the President of the Company in a formal written agreement signed by both of us.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## SUPERVISOR CHECKLIST

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> APPLICATION COMPLETE                       | <input type="checkbox"/> ATTENDED ORIENTATION MEETING | <input type="checkbox"/> HAS EMPLOYEE UNIFORM      |
| <input type="checkbox"/> W-4, NC-4, I-9 COMPLETE (MUST INCLUDE SS#) | <input type="checkbox"/> COMPLETED TESTING/TRAINING   | <input type="checkbox"/> HAS COPY OF EMP. HANDBOOK |
| <input type="checkbox"/> TURNED IN WORK PERMIT                      | <input type="checkbox"/> HAS COMPLETED SCHEDULING     |  |

SUPERVISORS SIGNATURE \_\_\_\_\_

NOTES:



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