

# APPLICATION FOR EMPLOYMENT



Please answer all questions. If one does not apply, insert N/A (not applicable).

**Please Print Legibly**

|                                                                                                                                                                                                       |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>PERSONAL INFORMATION</b>                                                                                                                                                                           |                                                                                                                                                                                   |                                                                                                                                                                                                           | Last 4 of Social Security Number: _____                               |
| Name: _____<br>(Please Print) Last                      First                      M.I.                                                                                                               |                                                                                                                                                                                   |                                                                                                                                                                                                           | Home Phone: (____) _____                                              |
| Current Address: _____<br>Street or P.O. Box                      City                      State                      Zip                                                                            |                                                                                                                                                                                   |                                                                                                                                                                                                           | Message Phone: (____) _____                                           |
| <i>If less than 5 years, list prior address:</i> _____<br>Street or P.O. Box                      City                      State                      Zip                                            |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| <i>Email Address:</i> _____                                                                                                                                                                           |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| Position Desired: 1) _____<br>2) _____                                                                                                                                                                | Type of Employment desired:<br><input type="checkbox"/> FULL – TIME<br><input type="checkbox"/> PART – TIME<br><input type="checkbox"/> WINTER<br><input type="checkbox"/> SUMMER | Can you work overtime if needed?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>Can you work evenings and weekends?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                       |
| Date Available to Start: _____                                                                                                                                                                        |                                                                                                                                                                                   | Pay expected: _____                                                                                                                                                                                       |                                                                       |
| Have you a legal right to work in the U.S.?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                            |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| Have you, since the age of 18, ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe briefly: _____<br>_____                                     |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| <b><i>Please note: A conviction record will not necessarily be a bar to employment.</i></b>                                                                                                           |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| I have previously: <input type="checkbox"/> Applied for employment with SILVER MOUNTAIN or one of its divisions<br><input type="checkbox"/> Been employed by SILVER MOUNTAIN or one of its divisions. |                                                                                                                                                                                   |                                                                                                                                                                                                           | Names of friend/relatives at this company.<br>_____<br>_____<br>_____ |
| Position: _____                                                                                                                                                                                       |                                                                                                                                                                                   | Date: _____                                                                                                                                                                                               |                                                                       |
| Location: _____                                                                                                                                                                                       |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| <b>EDUCATION</b>                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| Name                                                                                                                                                                                                  | City                                                                                                                                                                              | State                                                                                                                                                                                                     | No. Years                                                             |
| Degree / Diploma (If degree, identify type)                                                                                                                                                           |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| HIGH SCHOOL                                                                                                                                                                                           |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| COLLEGE                                                                                                                                                                                               |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| BUSINESS, TRADE OR OTHER                                                                                                                                                                              |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |
| Please list any other special training, skills, hobbies, and experience, which will help you with our Company. Also list all office equipment you can operate. _____<br>_____<br>_____                |                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                       |

**EMPLOYMENT RECORD – Beginning with your present or last employer, list the last four jobs you have held.**

|                                                                                                           |                          |                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| Name of Employer (Present or Last)                                                                        | Job Title                | Last Rate of Pay   |
| Address                                                                                                   | City                     | State              |
|                                                                                                           |                          | Phone Number       |
| Dates Employed                                                                                            | Name/Title of Supervisor | Reason for Leaving |
| Brief Description of Duties:                                                                              |                          |                    |
| If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                    |
| Name of Employer (Present or Last)                                                                        | Job Title                | Last Rate of Pay   |
| Address                                                                                                   | City                     | State              |
|                                                                                                           |                          | Phone Number       |
| Dates Employed                                                                                            | Name/Title of Supervisor | Reason for Leaving |
| Brief Description of Duties:                                                                              |                          |                    |
| If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                    |
| Name of Employer (Present or Last)                                                                        | Job Title                | Last Rate of Pay   |
| Address                                                                                                   | City                     | State              |
|                                                                                                           |                          | Phone Number       |
| Dates Employed                                                                                            | Name/Title of Supervisor | Reason for Leaving |
| Brief Description of Duties:                                                                              |                          |                    |
| If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                    |

**References – List people (In addition to your employers) we may contact for additional information regarding your capabilities and work habits.**

| Name | Address | City | State | Zip | Phone Number |
|------|---------|------|-------|-----|--------------|
|      |         |      |       |     |              |
|      |         |      |       |     |              |
|      |         |      |       |     |              |

**CERTIFICATION & AGREEMENT – Read Carefully and Sign**

**Please read the following statements carefully before signing this application. Only those applications that are completely filled out, signed and dated are considered valid.**

I certify that all answers or statements I have made in this application or other supplementary material are true and correct without omissions. I acknowledge that any false statement, misrepresentation or material omission on this application or supplementary materials may result in a refusal to hire or an immediate dismissal if I am hired. I authorize your to contact any of my past employers, schools and personal references concerning my previous employment, educations and personal history. I release this company and all persons and organizations so contracted from all claims and liabilities of any nature arising from such investigations or the supplying of such information. I understand that I will be required, and hereby agree, to submit to a drug and alcohol screening and may be required to undergo a fitness for duty exam as part of the hiring process. If hired, I agree to comply with all rules and policies established from time to time by the company. I understand that if hired, my employment is for no definite period of time and may be terminated at any time by the company or by me, with or without cause. Nothing in this applications, or in any oral or written statement provided by the company to me, will limit the rights to terminate my employment at will, and no one will have authority to change the at-will relationship orally or in writing. I have read and understand the foregoing statements and accept the same as conditions of employment.

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