

Employment Application

Please check applicable box:

□ Full Time Year Round □ Camelback □ Camelbeach □ CBKN						
	Pers	onal Information				
First Name	M.I.	Last Name	 ,	Application Date		
Street / Mailin	g Address	City	State	Zip Code		
Email Address (Must be active and viewed on a regular basis)		Primary Phone Number	Alternate Phone Number			
Are you legall	y eligible to work in the United States? (F	Proof of eligibility will be required upon offer	of employment) TES NO		
Are you at least 18 years of age? YES NO If "NO", can you supply valid working paper.			ing papers?	☐ YES ☐ NO		
Do you possess a valid driver's license? (This question applies to positions that require the driving of a company vehicle)						
Do you have reliable transportation to get to work?				☐ YES ☐ NO		
Have you eve (You will not be au	☐YES ☐ NO					
If "YES", prov	ide explanation:					
		Education				
Type of Education	Name and Location of School	Major or Course of Study	# of Ye	ars Completed		
High School						
College						
Business, Trade, Other						
Job Preference and Schedule Availability						
Have you ever been employed by Camelback Mountain Resort?				☐YES ☐ NO		
If "YES", prov	ide employment date(s) and position(s):					
	position(s) you are interested in applying Second Choic		Choice:			
Please provide your availability below: (Please note: weekend and holiday availability is required.) Day: SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY						
Day: SONDAT MONDAT TOESDAT WEDNESDAT THORSDAT FRIDAT SATORDAT Hours: MORNING SHIFT AFTERNOON SHIFT EVENING SHIFT or List Specific Hours:						
ou. 5 1 i	OKNING SHIFT	EVENING SHIFT OF LIST SPECIFIC HOL	urs:	 		
	re any time off for academic or personal r			☐ YES ☐ NO		

Employment Histor	y and Skill Expertise	
Is this your first job? (If "NO", list employment history below starting	ng with current or most recent employer)	10
Company Name:	Are you still with this employer? YES N	10
Company Address:	If "NO", provide reason:	
Job Title or Position Held:	May we contact this employer? YES N	10
Supervisor's Name:	Start Date: End Date:	
Phone Number:	Salary or Hourly Rate:	
Company Name:	Are you still with this employer? YES N	10
Company Address:	If "NO", provide reason:	
Job Title or Position Held:	May we contact this employer? YES N	10
Supervisor's Name:	Start Date: End Date:	
Phone Number:	Salary or Hourly Rate:	
Company Name:	Are you still with this employer?	10
Company Address:	If "NO", provide reason:	
Job Title or Position Held:	May we contact this employer? YES N	10
Supervisor's Name:	Start Date: End Date:	
Phone Number:	Salary or Hourly Rate:	
Refer	ences	
Please provide the names and contact information of three people	not related to you, and whom you have know at least I year:	:
Name Address	<u>Phone Number</u> <u>Years Kno</u>	<u>nwc</u>
1		
2		
How did you hear about employment with Camerback: —	□ NEWSPAPER □ INTERNET □ RADIO □ RELATIVE THER, please list: □	
Equal Opportunity Employme	nt and Applicant Certification	
We consider applicants for all positions regardless of race, constatus, disability, medical condition or handicap, or any other less I certify the information contained in this application are true employed, falsified statements on this application or intention investigation of all my statements contained herein and the concerning my previous employment and any pertinent information from liability for any damage that may result from furnish I understand and agree that if hired, my employment is for no my wages and salary, be terminated at any time without prior results.	gally protected status. and complete to best of my knowledge and understand the nally omitted, shall be grounds for termination. I author references listed above to give you any and all information they may have, personal or otherwise, and release thing the same to you. definite period and may, regardless of the date of payments.	at if rize tion e all
Signature:	Date:	