

SUNDOWN MOUNTAIN
 16991 ASBURY ROAD, DUBUQUE, IA 52002
 563-556-6676

APPLICATION FOR EMPLOYMENT
 (AN EQUAL OPPORTUNITY EMPLOYER)

Sundown Mountain is a quality winter recreation resort. Quality friendly customer service is vital to our operation. We believe you will best serve our guests in the department you request; however, when service is short in any area, you may be required to temporarily take a turn using your best customer service training in another area.

Date _____

Name _____
 (Last) (First) (Middle)

Present Address _____
 (Street) (City) (State) (Zip)

Permanent Address _____
 (Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ Email _____

Are you 16 years or older? ___ Yes ___ No Are you 18 years or older? ___ Yes ___ No

EMPLOYMENT DESIRED

Position(s) applied for: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Availability to Work:

	MON	TUE	WED	THU	FRI	SAT	SUN
From (Start Time)							
To (End Time)							

What date are you available to start work? _____ Minimum Hourly Wage Requirement _____

Have you ever applied for a position with Sundown before? _____ If Yes, When? _____ Position _____

How did you hear about us? _____

EDUCATION and SKILLS

	Name & Location of School	# of years attended	Did you graduate?	Subjects studied
High School				
College/Other				

Do you ski or snowboard? _____ If yes, how long? _____

Other relevant skills: _____

Are you a U.S. Citizen or an alien authorized to work in the United States? ___ Yes ___ No
(If hired, documents providing proof of eligibility will be required)

Have you been convicted of a felony within the last 7 years? ___ Yes ___ No
(Conviction will not disqualify an applicant from employment.)

Are you a member of the National Guards or Reserves? ___ Yes ___ No

U.S. Military or Naval Service _____ Rank _____

EMPLOYMENT HISTORY (Start with current or most RECENT Employer)

COMPANY NAME	City/State
Supervisor:	Employment Dates: From _____ To _____
Phone #	Position:
May we contact?	Salary
Reason for Leaving:	
Duties:	

COMPANY NAME	City/State
Supervisor:	Employment Dates: From _____ To _____
Phone #	Position:
May we contact?	Salary
Reason for Leaving:	
Duties:	

COMPANY NAME	City/State
Supervisor:	Employment Dates: From _____ To _____
Phone #	Position:
May we contact?	Salary
Reason for Leaving:	
Duties:	

REFERENCES: Give the names of two people not related to you, whom you have known at least one year:

Name	City/State of Residence	Phone Number	Years Known

Do you have any health issues that would prevent you from performing the duties of this position? Yes No

IN CASE OF EMERGENCY NOTIFY: _____
Name Relationship Phone

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THIS. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.”

DATE _____ SIGNATURE _____

****APPLICATION WILL NOT BE VALID UNLESS EMPLOYMENT HISTORY IS COMPLETE****