



# Application for Employment



**Sleeping Giant is a family oriented, drug-free work place.  
If drugs are part of your life, please do not apply for employment with us.**

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Please rank departments in order of your interest (1 being the most desirable)

_____	<b>Food &amp; Beverage</b>	_____	<b>Rental Shop</b>	_____	<b>Medic</b>	_____	<b>Zip Line Attendant</b>
_____	<b>Ski School Instructor</b>	_____	<b>Lift Operator</b>	_____		_____	<b>Zip Line Guide</b>

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References - Please list three professional references.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Please Write Down Your Availability**

Ski Season Normal Operations are Friday-Sunday and school holidays 9:00am-6:00pm

Zipline Season Normal Operations are June 15-Sept. 15 from 8am-6pm

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Disclaimer and Signature**

Sleeping Giant Ski Area & Zipline is an equal opportunity employer. Sleeping Giant Ski Area & Zipline does not discriminate against any employee or applicant on the basis of race, color, national origin, sex, disability, religion, or age in employment opportunities.

As part of the pre-employment application process, Yellowstone Recreations, LLC requires formal reviews and investigations of employment, education, driving and criminal histories of every applicant under final consideration for hire by YR, LLC, YRF or Sleeping Giant Ski Area & Zipline, prior to the individual attaining full-time or part-time status.

It has been explained to me that it may be necessary, as a condition of employment, to take and pass a physical examination, to assure that I have the physical capability of performing the requirements of my position and to assure that I am not taking illegal drugs. During the course of my employment, it may be required for me to take further physical exams to assure that my health is not being affected by my duties and that I remain free from illegal drug usage. Also, if I must drive on company business, I understand that my driving record will be checked periodically and that my continued employment may be predicated on maintaining a good driving record. I hereby authorize Sleeping Giant to be the custodian of the reports of my physical condition and driving record and in return Sleeping Giant assures me the information contained in these reports will be treated with the same regard for confidentiality that all other private matters pertaining to employees are accorded within the firm.

I also understand that I am subject to a background check as a condition of employment and will be required to consent to said background check as a condition of my employment.

Finally, I understand that these guidelines can be changed at any time, with no prior notice being required.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination from employment.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Applicant's Name**  
(Please Print)

\_\_\_\_\_  
**Today's Date**