



No. 1 Powder Place
Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Fill out this form completely and mail to:
Lookout Pass Ski & Recreation Area, P.O. Box 108, Wallace ID 83873
Or Fax To: 208-744-1227

Personal Information

NAME		SOCIAL SECURITY #		
ADDRESS		CITY	STATE	ZIP
PHONE		REFERRED BY		

Employment Desired

POSITION		START DATE		SALARY DESIRED		
ARE YOU EMPLOYED	YES	NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES	NO
EVER APPLIED TO LOOKOUT BEFORE?		YES	NO	IF SO, WHEN		WHERE

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
CONTINUING EDUCATION			

General Information

TRAINING IN SPECIAL SKILLS	
U.S. MILITARY	RANK

Former Employers

DATE/MONTH/YEAR	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				



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References

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

Remarks

APPROVED

PRESIDENT/CEO	OPERATIONS MGR.	DEPT. HEAD
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