

Showdown Montana Ski Area Employment Application

Pre-employment Questionnaire – An Equal Opportunity Employer

Date _____

Personal Information

Name

Last First Middle Initial

Present Address

Street City State Zip

Permanent Address

Street City State Zip

Phone

Home Cell

Email Address

Do you check it regularly?

Are you 18 years of age or older? Yes No

Can you provide proof of identity and employment eligibility? Yes No

Have you ever been convicted of a crime? Yes No

(Answering Yes will not automatically bar you from employment.)

State the date and nature of the conviction _____

Employment Desired

First Choice:

Second Choice:

Would you prefer Full Time Part Time

Are you Available Weekdays Weekends Holidays Other (please explain)

Date you can start: _____ Wage Desired: _____

Are you currently Employed? Yes No

If yes, may we contact your current employer? Yes No

Have you ever applied for employment at Showdown before? Yes No

If yes, Position _____ When _____

How did you learn about employment opportunities at Showdown? _____

Education

	Name & Location of School	# of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business or Other				

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

General

Please List any skills, certificates, licenses or activities that would contribute to your success as an employee at Showdown. *(Exclude organizations the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.)*

Employment History

Date (month & year)	Company Name	Supervisor Name & Phone Number	Rate of Pay	Position	Reason for Leaving
From To					
From To					
From To					

Which of these jobs did you like the best, and why?

May we contact your previous employers? ___Yes ___No

If no, please explain: _____

References

Please list three adult persons not related to you, whom you have known at least one year, who can provide a personal character reference, a person whom can verify work ethic and dependability. Please provide persons other than those listed as supervisors under employment history.

Name	Address	Phone	Years known

Please read carefully:

- **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 may 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 furnishing same to you.
- **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.
- **I may be subject to a criminal background check.**
- **I understand that, if hired, my employment may be contingent upon taking and passing drug screens.** Further, I understand that a positive drug test result will make me permanently ineligible for future employment opportunities at Showdown.

Applicant Signature: _____

Date: _____

If under 18, Signature of Parent/Guardian: _____

Resumes and/or letters of recommendation may be attached, but are not required.

Return application to:

Showdown Montana, PO Box 92, Neihart, MT 59465
Voice: 406.236.5522 Fax: 406.236.5523
showdownmontana.com info@showdownmontana.com

For Office Use Only

Date received:	Reviewed by:
Notes:	