Return Application to: 3311 Flowery Trail Road Chewelah, WA 99109

## APPLICATION FOR EMPLOYMENT



Date:

PERSONAL INFORMATION  Last 4						of Social Security Number:				
Name:		First	247							
(Please Print) L	ast	First	M.I.							
				Home 1	Phone:	(	)			
				Maggar	na Dhamar	(	,			
				Messag	ge Filone.		)			
Current Address	:									
	: Street or P.O. Bo	ΟX	City			State	e		Zip	
			-						•	
If less than 5 year	ars, list prior addi	ress:								
		Street or P.O.		City				State Zip		
Email Address:										
Position Desired	osition Desired: 1)						rk overtime if needed?			
	2)									
	, <del></del>				I TIMI		□ No			
					□ FULL – TIME   Can you we			ork evenings and weekends?		
Date Available t	o Start:			ı			☐ Yes	ik evenings and weekends:		
					<b>IMER</b>		□ No			
Have you a legal	right to work in t	he II S ?								
☐ Yes		Pay expected:								
□ No										
	1 010		0 01	0 - 1	- <u>-</u>	<b>.</b>		1 . 0		
Have you, since the age of 18, ever been convicted of a felony? ☐ Yes ☐ No If yes, describe briefly:										
Please note: A conviction record will not necessarily be a bar to employment.										
1 10050 110101 11 0		The not necessari	y oc u	our to emp						
I have previously: ☐ Applied for employment with 49° North Mountain Resort  Names of friend/relative at this company.										
at this company.								pany.		
☐ Been employed by 49° North Mountain Resort										
Position:	Position: Date:									
Location:										
EDUCATION							Г	Degree / Diple	oma	
EDUCATION	Name	City	State		No. Yea	ars		egree, identif		
		,					(11 0	-8:, :	(J. SJPS)	
HIGH SCHOOL										
COLLEGE										
BUSINESS, TRADE OR OTHER										
Please list any other special training, skills, hobbies, and experience, which will help you with our Company. Also list all										
office equipment you can operate										

EMPLOYMENT RECORD - Beginning with your	present or last employer, list the last four jobs you have h	eld.							
Name of Employer (Present or Last)	Job Title	Last Rate of Pay							
Address City	State	Phone Number							
Dates Employed	Name/Title of Supervisor	Reason for Leaving							
Brief Description of Duties:									
If still employed, may we contact this employer?	Yes No								
Name of Employer (Present or Last)	Job Title	Last Rate of Pay							
Address City	State	Phone Number							
Dates Employed	Name/Title of Supervisor	Reason for Leaving							
Brief Description of Duties:									
If still employed, may we contact this employer?	Yes No								
Name of Employer (Present or Last)	Job Title	Last Rate of Pay							
Address City	State	Phone Number							
Dates Employed	Name/Title of Supervisor	Reason for Leaving							
Brief Description of Duties:									
If still employed, may we contact this employer?	Yes No								
References – List people (In addition to your employers) we may contact for additional information regarding your capabilities and work habits.									
Name Address	City State Zip	Phone Number							
CERTIFICATION & AGGREEMENT – Read Carefully and Sign									
Please read the following statements carefully before are considered valid.	ore signing this application. Only those applications that a	re completely filled out, signed and dated							
I certify that all answers or statements I have made in	this application or other supplementary material are true and	correct without omissions. I acknowledge							
that any false statement, misrepresentation or material omission on this application or supplementary materials may result in a refusal to hire or an immediate dismissal if I am hired. I authorize your to contact any of my past employers, schools and personal references concerning my previous employment, educations									
and personal history. I release this company and all persons and organizations so contracted from all claims and liabilities of any nature arising from such									
investigations or the supplying of such information. I understand that I may be required, and hereby agree, to submit to a drug and alcohol screening and may be required to undergo a fitness for duty exam as part of the hiring process. If hired, I agree to comply with all rules and policies established from time to time by									
the company. I understand that if hired, my employment is for no definite period of time and may be terminated at any time by the company or by me, with or without cause. Nothing in this applications, or in any oral or written statement provided by the company to me, will limit the rights to terminate my employment									
at will, and no one will have authority to change the at-will relationship orally or in writing. I have read and understand the foregoing statements and accept the same as conditions of employment.									
Signature of Applicant		Date							