

MT HOOD SUMMER SKI CAMPS, INC

Employment Application

Today's Date _____

NAME _____ MALE OR FEMALE _____

SOCIAL SECURITY # _____

PERMANENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ EMAIL _____

JOB(S) YOU ARE APPLYING FOR _____

(18+) DRIVERS LICENSE NUMBER _____ STATE _____

YOUR AVAILABILITY: Camp typically starts late May and runs until the end of August.

Starting Date _____ Ending Date _____

AGE (come summer time) _____

Which year(s) were you a camper? _____

Are you a Certified Lifeguard? (circle) YES _____ NO _____

Do you have a Red Cross First Aid Card or better? (circle) YES _____ NO _____

EDUCATION (Last School Attended)

NAME _____ STATE _____

LAST GRADE COMPLETED _____ GPA _____

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TWO MOST RECENT JOBS OR REFERENCES

COMPANY _____ STATE _____

POSITION _____ PHONE _____

SUPERVISOR _____

DATES WORKED: FROM _____ TO _____

REASON FOR LEAVING _____

COMPANY _____ STATE _____

POSITION _____ PHONE _____

SUPERVISOR _____

DATES WORKED: FROM _____ TO _____

REASON FOR LEAVING _____

What training or experiences have you had and what qualities do you possess that will create a more positive experience for our campers?

PHYSICAL: Do you now have or have you ever had, within the last six months, any contagious or communicable diseases, or gastro-intestinal infections, or have you ever had hepatitis or salmonella?

YES _____ NO _____ If yes, explain: _____

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I certify that the information in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with the policy of MHSSC. I authorize the references listed on the other side of this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing the same to you. I acknowledge that, if I become employed, I will be free to terminate at any time for any reason and MHSSC retains the same rights.

Signature _____ Date _____