

# Echo Valley Ski Area Application Form

**Instructions:** Print clearly in black or blue ink. Answer all questions. Sign and date the form. Return by email at [echovalleyinfo@gmail.com](mailto:echovalleyinfo@gmail.com) , or by mail at P.O. Box 99, Chelan, WA. 98816 with resume/cover letter if available

## PERSONAL INFORMATION:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

## POSITION/AVAILABILITY:

Position Applied For: \_\_\_\_\_

Days/Hours Available: Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_

Friday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_

## EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards, Certifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Present Or Last Position:** From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

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

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Position:** From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

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

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?** Yes \_\_\_\_ No \_\_\_\_

**References: List Three - Name/Title - Address & Phone**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_