



"An Equal Opportunity Employer"

DATE ___/___/___

PERSONAL INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number (____) _____ - _____

Do you have a relative (other than a spouse) working at Kissing Bridge? YES NO If yes, please provide the following:

Name _____ Relationship _____

Department _____ Position _____

Do you have a Driver's License? YES NO Has it been revoked in the past 3 years? YES NO

Do you have transportation to and from work? YES NO If under 18, please give your age _____

Have you worked for this company before? YES NO DATE _____ DEPT. _____

EDUCATION	School Name	Years completed	Date Graduated	Diploma
High School		9 10 11 12		
College		1 2 3 4		
US Military	Branch: _____	Special Training received: _____		

EMPLOYMENT DESIRED (You may select more than one; please number in order of preference)

<input type="checkbox"/> Ski/Snowboarder Instructor	<input type="checkbox"/> Lift Attendant	<input type="checkbox"/> Parking Lot Attendant
<input type="checkbox"/> Ticket Center	<input type="checkbox"/> Ticket Checker	<input type="checkbox"/> Maintenance – Janitorial
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Terrain Park	<input type="checkbox"/> Maintenance – Building & Repairs
<input type="checkbox"/> Retail Shop	<input type="checkbox"/> Grooming	<input type="checkbox"/> Lift Maintenance
<input type="checkbox"/> Rental Shop	<input type="checkbox"/> Snow Making	<input type="checkbox"/> Ski/Basket Check
<input type="checkbox"/> Bar/ Restaurant		

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

Are you willing to work any shift? YES NO Weekends? YES NO Holidays? YES NO

Please indicate employment category that you would prefer:

___ Full Time Permanent ___ Full Time Seasonal ___ Part Time Seasonal

Please complete other side of application

REFERENCES (Please List Three Personal/Business References not related to you)

NAME	ADDRESS	PHONE

EXPERIENCE (Please give present or last position first, if additional space is needed, attach a separate sheet)

Previous Employer	Start Date	End Date		Reason for Leaving
Address	City	State	Zip	Phone
Position Held	Supervisor	May we contact? YES NO		

Previous Employer	Start Date	End Date		Reason for Leaving
Address	City	State	Zip	Phone
Position Held	Supervisor	May we contact? YES NO		

Emergency Contact: Name _____ Phone _____

I understand that this application will be given every consideration, but it is not a promise of employment. I understand that if I am hired, my employment is not for a definite period of time, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and Kissing Bridge Corp. that I am applying to has the same right. I understand that a pre-employment physical will not be required. However, Kissing Bridge Corp. reserves the right to require a physical examination of all applicants within a specific work group once an offer of employment has been made. Furthermore, Kissing Bridge Corp. reserves the right to require a drug or alcohol test prior to employment, at any time during employment and/or after any job-related accident to the extent permitted by law.

I understand that Kissing Bridge Corp. may investigate my driving and criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that Kissing Bridge Corp. may contact my previous employers and I authorize those employers to disclose to Kissing Bridge Corp. all records pertinent to my employment with them.

I release all parties from liability for any damages that may result from furnishing or discussing the requested information. I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I also understand that this application does not create a contract of employment nor does it guarantee employment for any period of time. If employed I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and without notice.

APPLICANT'S SIGNATURE _____ **DATE** _____

WEBSITE: WWW.KBSKI.COM
PHONE: 716-592-4963

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FAX: 716-592-4228