

APPLICATION FOR EMPLOYMENT - VAIL RECREATION DISTRICT

700 SOUTH FRONTAGE ROAD EAST, VAIL, COLORADO 81657 An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status or disability.

It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time employment _____/Part-time _____/Temporary _____? When could you start work? _____

Last Name First Name Middle Name Home Telephone Number

Cell Phone Number Email address

Current Street Address City State Zip Code

Are you 18 years of age or older?. Yes _____ No _____ (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes _____ No _____

Have you ever applied here before? Yes _____ No _____ If yes, when? _____ Were you ever employed here? Yes _____ No _____ If yes, when? _____

Are you now or do you expect to be engaged in any other business or employment? Yes _____ No _____

If yes, please explain _____

For Driver Jobs Only: Do you have a valid driver's license? Yes _____ No _____

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes _____ No _____

If yes, give details: _____

List professional, trade, and business activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Are you physically able to perform the duties of the job for which you are applying? Yes _____ No _____

LIST NAMES AND ADDRESS OF SCHOOLS

Diploma/
Degree

Major/Minor

High School or GED: _____ / _____ / _____

College, University, Vocational, or Technical: _____ / _____ / _____

Graduate Level or Special Certification: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed give firm name and supply business references.

1.) NAME OF EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
CITY STATE ZIP
TELEPHONE: _____ WORKED FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR
JOB TITLE: _____ SALARY - BEGINNING: _____ ENDING: _____
JOB DUTIES: _____ REASON FOR LEAVING: _____

2.) NAME OF EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
CITY STATE ZIP
TELEPHONE: _____ WORKED FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR
JOB TITLE: _____ SALARY - BEGINNING: _____ ENDING: _____
JOB DUTIES: _____ REASON FOR LEAVING: _____

3.) NAME OF EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
CITY STATE ZIP
TELEPHONE: _____ WORKED FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR
JOB TITLE: _____ SALARY - BEGINNING: _____ ENDING: _____
JOB DUTIES: _____ REASON FOR LEAVING: _____

Have you worked or attended school under any other name? Yes _____ No _____

If yes, give names: _____

Are you currently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

Have you ever been fired from a job or asked to resign? Yes _____ No _____

If yes, please explain: _____

Give three work-related references

1.) _____

2.) _____

3.) _____

NAME

ADDRESS

TELEPHONE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I understand that the employer may request an investigative background, criminal or consumer report from a reputable reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the reporting agency and so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre or post-employment drug screen.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE 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 WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____