

TOGGENBURG APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND FILL IN ALL INFORMATION COMPLETELY

NAME _____ ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

SS# _____ DOB _____

SHIFTS YOU CAN WORK: (CIRCLE ONE OR MORE) DAYS NIGHTS WEEKENDS
PLEASE SPECIFY HOURS _____ WHEN WOULD YOU BE ABLE TO START _____

DEPARTMENT/POSITION APPLYING FOR: (CIRCLE ONE OR MORE AND NUMBER IN ORDER OF PREFERENCE)

OFFICE/INFORMATION KITCHEN LOUNGE JANITORIAL NURSERY RENTAL SHOP
LIFT OPERATIONS SNOW MAKING SKI SCHOOL INSTRUCTOR OTHER _____

LIST ANY PREVIOUS SKI EXPERIENCE: _____

NAME OF LAST TWO EMPLOYERS:

NAME _____ ADDRESS _____ TOWN _____

PHONE _____ WORKED THERE MO/YR _____ TO MO/YR _____

NATURE OF WORK _____

REASON FOR LEAVING _____

NAME _____ ADDRESS _____ TOWN _____

PHONE _____ WORKED THERE MO/YR _____ TO MO/YR _____

NATURE OF WORK _____

REASON FOR LEAVING _____

OTHER REFERENCES NAMES _____ PHONE _____

NAMES _____ PHONE _____

CERTIFICATION AND AGREEMENT

I certify that all information given on this application is true and correct. I also certify that I have accounted for all of my work experience and training on this application. It is my understanding that Toggenburg will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation will prevent my being hired, or if hired, will subject me to immediate dismissal. I understand that failure to pass a medical exam, if required, will prevent my employment. I agree to appear upon request for any medical examination required. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that Toggenburg can change wages, benefits, and conditions at any time. I HAVE READ AND UNDERSTAND THE ABOVE.

APPLICANT'S SIGNATURE _____ DATE _____