

# TOGGENBURG APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND FILL IN ALL INFORMATION COMPLETELY

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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 \_\_\_\_\_