2023/2024 **EMPLOYMENT APPLICATION**



FOR OFFICE USE ONLY:	
Interview Date:	Time:
Position:	
Department:Full Time	Pay \$ Part Time
Supervisor's Signature	
Physical Date:	Time:

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

All personnel and employment decisions including, but not limited to recruitment, hiring, training, promotion, compensation, benefits, privileges, transfers, discipline, and discontinued employment, are made without regard to race, color, religion, sex, pregnancy, sexual orientation, gender, gender identity, age, national origin, citizenship status, ancestry, physical or mental disability, genetic characteristics, marital status, medical condition (cancer-related condition), Vietnam Era veteran status, disabled veterans status, or any other protected classification, unless required by law or regulation. We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform

Date :		PLE	ASE PRINT CLEARLY	
Last Name	First Name		Middle Name	AKA (also known as)
Mailing Address		City,	State,	Zip
Physical Address		City,	State,	Zip
Telephone Number(s)	- INCLUDING AREA CODE		e-mail address	
ALTERNATIVE CONTA	ACT (Name and Telephone Num	hber - INCLUDING A	REA CODE)	
☐ Operations ☐ Mai	·		vice ☐ Office ☐ Ren	tal Shop Yes No
lave you EVER	applied to or wo		NA PEAK ?	
		orked for CHIN		Yes No
F YES, when?	Position			
F YES, when? Have you EVER worked		Su	pervisor	
lave you EVER worked	under another name ?	Su	pervisor	
	under another name? s of age?	Su Su Sh proof that you	pervisor	Yes No

EDUCATION: Circle highest gra	ide completed: High Scho	ool: 9 10 11 12 Years o	t college: 1 2 3 4
Are you presently employed	?		Yes No
If you are presently employed,			Yes No
EMPLOYMENT HISTORY: Lie (last 5 years is sufficient). You me request.			
Name of Employer:		From To Dates:	Final Wage:
name of Employer.		Trom To Bates.	i iliai vvago.
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Address (Include City and State)		Phone:	Supervisor:
Decition.	December leading		
Position:	Reason for leaving:		
Name of Employer:		From To Dates:	Final Wage:
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Address (Include City and State)		Phone:	Supervisor:
Address (Include City and State)	•	Priorie.	Supervisor:
Position:	December leavings		
Position.	Reason for leaving:		
Name of Employer:		From To Dates:	Final Wage:
Address (Include City and State)	•	Phone:	Supervisor:
Address (include City and State).		T Hone.	Oupervisor.
Position:	Reason for leaving:		
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Name of Employer:		From To Dates:	Final Wage:
Address (Include City and State)		Phone:	Supervisor:
Position:	Reason for leaving:		
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Name of Employer:		From To Dates:	Final Wage:
Address (Include City and State):		Phone:	Supervisor:
Position:	Reason for leaving:	<u> </u>	•

Have you ever been discharged or asked to resign from employment? If yes, please explain the circumstances.	Yes	No No		
Please describe any special skills you have and/or any special equipment you operate (unless such information might indicate race, religion, age, sex, or any other protected classification):				
Do you operate a motor vehicle?	Yes	No No No		
How were you referred to the resort ?				
Newspaper: Name: Friend: Name(s) Other: Internet: (which web-site?)				
List the Name(s), Department(s), and relationship(s) of any relatives who w	ork here:			
CERTIFICATION- PLEASE READ CAREFULL	<u>_Y</u>			
I certify, under penalty of perjury, that all of the above information is accurate understand that any misrepresentation, falsification, or omission of inform employment or, if hired, may result in termination of my employment. (Initial here to verify that you have read and understand the column understand that I am applying for SEASONAL work and that my employed.	nation may result entents of this par	in denial of		
than the end of the current ski season. Start and End dates, as well as he to weather conditions and levels of operation and can and will vary. (Initial here to verify that you have read and understand the conditions)	ours of work, may	y be subject		
I understand that if a job offer is made by China Peak Mountain Resorupon a post-offer medical examination to determine my ability to perfand/or any accommodations needed for me to perform those job functions (Initial here to verify that you have read and understand the co	form essential jos.	b functions		
I understand that if an offer of employment has been made by anyone of the resort, Employee Relations Department, that offer is NOT FINAL and 1. Review and approval by the Employee Relations Department 2. Any licensing, certifications or documentation required by the Security / Background check [which may include crimin required by the needs of the position or department or nature 3. Completion of a post-offer medical examination to determ essential job functions and/or any accommodations needed for me to perform understand that the Employee Relations Department will contact me with the interest of the position of	is contingent upont; and the job description and credit in and credit in a continuous form those job function.	on: on (possible reporting) if ned., and to perform nctions.		

I authorize China Peak Mountain Resort, LLC. to investigate my contacting my former employers, references, and any and all of information related to my qualifications. I further authorize thos (without further notice to me) any and all information, letters, requpon my qualifications for employment. In addition, I hereby rele LLC., my former employers, and all other persons, corporations, p any and all claims, demands, and/or liabilities arising out of or in an or disclosure. (Initial here to verify that you have read and understand	her persons and organizations for se contacted to give the company ports, or other documents bearing ease China Peak Mountain Resort partnerships, and associations from my way related to such investigation
Should a search of public records (for example, records do conviction, motor vehicle driving records, civil judicial action, tax conducted by China Peak Mountain Resort, LLC. employees, I a public records, unless I waive receipt by marking the box below. I information, I am entitled to, and will receive, a copy of such record below. (Initial here to verify that you have read and understand)	lien, or outstanding judgment) be am entitled to copies of any such f I am not hired as a result of such rds even if I have checked the box
I waive receipt of a copy of any public record described in th	e paragraph above.
I expressly agree and understand that, if employed, my employed employed, at all times during my employment, China Peak Mount right to terminate my employment and compensation with or without at any time. I further understand that the at-will nature of my employers written agreement with China Peak Mountain Resort, LLC understand that this at-will employment relationship cannot be agreement or by any person, statement, act, series of events, or page	ain Resort, LLC. and I reserve the ut cause and with or without notice oyment can only be modified by ar . signed by its President and me. modified by any oral or implied
(Initial here to verify that you have read and understand	the contents of this paragraph)
I further agree that, if hired, upon termination of my employment, my custody belonging to China Peak Mountain Resort, LLC. in uniforms, and equipment. (Initial here to verify that you have read and understand	ncluding, but not limited to, keys
Signature: Date:	

China Peak Mountain Resort 59265 Highway 168 P.O. Box 236 Lakeshore, CA. 93634 (559) 233-2500 www.skichinapeak.com