



# [REHIRE] Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Employee No.: \_\_\_\_\_

## GENERAL INFORMATION

Name (Last) _____ (First) _____ (Middle) _____		Date of Application _____	
Present Address (Mailing) _____		Phone No. – Day or Evening _____	
City _____	State _____	Zip Code _____	Email Address _____
Do you have local housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have reliable transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate if under 18 _____
Have you worked for Mt. Mansfield Company/Stowe Mt. Resort before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate dates of employment, department, position: _____		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____		
A conviction will not necessarily disqualify an applicant from employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.			

## POSITION

Position applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## WORK HISTORY

COMPANY NAME	START DATE:
CITY, STATE, ZIP	END DATE:
SUPERVISOR'S NAME; DEPARTMENT	TELEPHONE:
JOB TITLE; SALARY/HOURLY RATE	
JOB RESPONSIBILITIES	
REASON FOR LEAVING	

**EMPLOYMENT:** Date you can start: \_\_\_\_\_

Do you desire:  Full-Time  Part-Time  Temporary (specific dates available) \_\_\_\_\_

Are you available to work: Days?  Yes  No Nights?  Yes  No Weekends?  Yes  No

Referred to SMR by:  Newspaper  School  Friend  SMR Employee  Walk-in  Web Site  Other: \_\_\_\_\_

## ADDITIONAL SKILLS & QUALIFICATIONS since you were last employed at Stowe Mountain Resort:

- (If Applicable)
- |                                   |  |   |                                       |
|-----------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Cashier  | <input type="checkbox"/> Customer Service    | <input type="checkbox"/> Housekeeping   | <input type="checkbox"/> Retail       |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> First Aid/CPR       | <input type="checkbox"/> Maintenance    | <input type="checkbox"/> Sales        |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Foreign Language    | <input type="checkbox"/> Mechanical     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cooking  | <input type="checkbox"/> Grounds/Landscaping | <input type="checkbox"/> Restaurant/Bar |                                       |

## ADDITIONAL EDUCATION/TRAINING/CERTIFICATIONS you may have earned since you were last employed:

School _____	City/State _____	Dates _____	Degree _____
School _____	City/State _____	Dates _____	Degree _____
School _____	City/State _____	Dates _____	Degree _____

## TO BE COMPLETED BY HUMAN RESOURCES ONLY:

Department	Manager	Position	Date	FCRA

**EMERGENCY CONTACT INFORMATION**

Please list below who should be contacted in case of emergency:

Name	Relationship	Phone Day
Address		Phone Evening

**Certification** Initial each paragraph and sign below.

\_\_\_\_ I hereby certify that I, the undersigned applicant, have personally completed this application. I understand that falsification of information provided on this application or on a resume if one is provided, or during the interview process will constitute sufficient grounds for Stowe Mountain Resort to terminate my employment.

\_\_\_\_ I authorize Stowe Mountain Resort and/or any of its agents to verify any information I have provided on this application, or a resume if one is provided, or during the interview process. I further authorize Stowe Mountain Resort to conduct a comprehensive background investigation and to check personal and employment references. I release anyone responding to Stowe Mountain Resort's inquiries from any and all liability to me which could result from disclosure of information provided. I hereby release any and all claims I might have against Stowe Mountain Resort or any of its agents related to such inquiries.

\_\_\_\_ I understand that my employment may be contingent upon completion and satisfactory results of my reference checks, security (credit and criminal) checks, background checks, driving record and the results of my drug/physical testing if required. Further I understand that, if hired, I am expected to arrive for work as scheduled and on time.

\_\_\_\_ I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Stowe Mountain Resort.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Join us as we celebrate the unique spirit of Stowe Mountain Resort!**

Stowe Mountain Resort staff created the Triple A's and adopted them as our company's guiding principles. Triple A's are the driving force that allows us the freedom critical to our way of life and our sport. **Attitude** ~ Respect for others and our environment. **Awareness** ~ Sensitivity of everyone's needs and surroundings. **Accountability** ~ Complete ownership of our individual actions, and the preservation of Stowe's unique qualities.

**TO BE COMPLETED BY SMR STAFF ONLY:**

PERSONNEL ACTION FORM (PAF)	
Status: <input type="checkbox"/> RFT <input type="checkbox"/> SFT <input type="checkbox"/> SPT <input type="checkbox"/> TEMP <input type="checkbox"/> VOL	
Department:	Start Date:
Department No:	Rate of Pay:
Job Title:	Pay Grade:
APPROVAL SIGNATURES:	
1. Department Manager:	Check One*: C3 C4 Date:
2. Department Director	Date:
3. Human Resource Mgr:	Date:
4. President	Date:

\* C3- 30 minute lunch deducted daily C4- No lunch deduction

APPLICANT TRACKING
Hiring Manager
Department
Not Hired, Why:
Reference Checks Attached
Notified Applicant of Decision
<b>Hired</b>
<b>Completed paperwork to HR prior to start date</b>
Reference Checks Attached
Notify Applicant of Orientation Date:
Direct Applicant to HR to complete paperwork

**RETURN TO HUMAN RESOURCES IMMEDIATELY WITH REFERENCES AND REQUIRED SIGNATURES**

Revised 07/21/09

**American International Group, Inc.  
and its subsidiary and affiliated companies**

**Fair Credit Reporting Act Consumer Disclosure  
And General Authorization**

In connection with my application for employment with American International Group, Inc. and its subsidiary and affiliated companies (“Company”), I understand that a consumer report or investigative report, as those terms are defined in the federal Fair Credit Reporting Act as amended (“FCRA”), 15 U.S.C. 1681 et seq., may be obtained by the Company from a consumer reporting agency (“Agency”). I further understand that the Agency may not give out information about me to the Company without my written consent. It is also understood that the Agency may not report medical information about me to the Company without my specific prior consent as to the release of such information, which is in addition to my general authorization herein.

I understand that an investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics, and mode of living is obtained through personal interviews. In the event an investigative consumer report is obtained, I understand that I (a) am entitled to receive a summary of my rights, and (b) have the right to request additional disclosures provided for below as follows:

Upon my written request to the Company within a reasonable period of time after my receipt of this *Fair Credit Reporting Act Consumer Disclosure and General Authorization*, the Company shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing and mailed, or otherwise delivered, to me not later than five (5) days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

I hereby authorize the Company now, or at any time while I am employed by the Company, to obtain a consumer report or investigative report on me, as applicable. This authorization does not include the release of my medical information. I further acknowledge that I have received a summary of my rights under the FCRA.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Applicant’s Social Security #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Name Previously Used (if applicable)

Revised 03/25/2009

\* If you would like to receive a summary of your rights under the Fair Credit Reporting Act, please contact Stowe Mountain Resort Human Resources.