



Employee No.: _____

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Name (Last) _____ (First) _____ (Middle) _____		Date of Application _____	
Present Address (Street) _____			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: _____	
Are you a 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

Positions applying for: (in order of preference) ① _____ ② _____

DUUg VXYW Ubmch Yf dcaj hcbgnci k ci X Vcbg XYf Udd njb[Z.f.

- | | | | | |
|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Acctg./Cash Room | <input type="checkbox"/> Front Desk/Reservations | <input type="checkbox"/> Lift Attendant | <input type="checkbox"/> Repair Technician | <input type="checkbox"/> Snowboard Instructor |
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Groomer | <input type="checkbox"/> Lodge Attendant | <input type="checkbox"/> Retail Associate | <input type="checkbox"/> Snowmaker |
| <input type="checkbox"/> Bell person | <input type="checkbox"/> Guest Services | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Sales & Marketing | <input type="checkbox"/> Ticket Sales |
| <input type="checkbox"/> Café Floor Attendant | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Ski Instructor | <input type="checkbox"/> Terrain Park |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Information Center | <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Ski Patrol | <input type="checkbox"/> Wait staff |
| <input type="checkbox"/> Daycare Staff | <input type="checkbox"/> Kid's Programs | <input type="checkbox"/> Rental Clerk | <input type="checkbox"/> Ski School Desk | <input type="checkbox"/> Warehouse Clerk |
| Other: _____ | | | | |

EMPLOYMENT: Date you can start: _____

- Do you desire: Full-Time Part-Time Temporary (dates available) _____
- Are you available to work: Days? Yes No Nights? Yes No Weekends? Yes No
- Referred to SMR by: Friend Stowe.com Newspaper (please indicate): _____
- School (please indicate): _____ SMR Staff Member (Please indicate): _____
- Other (please indicate): _____

SKILLS & QUALIFICATIONS (If Applicable):

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

EDUCATION/TRAINING/CERTIFICATES

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

WORK REFERENCES

Please list persons, not related to you, who are familiar with your past work experiences.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

EMERGENCY CONTACT INFORMATION

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

Name _____	Relationship _____	Phone No. - Day _____
Address _____		Phone No. - Evening _____

TO BE COMPLETED BY HUMAN RESOURCES ONLY:

Department	Manager	Position	Date	FCRA

WORK HISTORY

List the past three jobs starting with your current/most recent job:

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

May We Contact Your Current Employer? Yes No

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 _____

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:

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

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

RETURN TO HUMAN RESOURCES IMMEDIATELY WITH REFERENCES AND REQUIRED SIGNATURES

Revised 07/20/09

**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.