



APPLICATION FOR EMPLOYMENT: WEBSITE

NAME: _____ PHONE: (____) _____

EMAIL: _____ DATE (M/D/Y): _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

Are you a foreign worker? (circle one) YES or NO

Valid visa activation dates: FROM (M/D/Y): _____ TO (M/D/Y): _____

I WANT TO WORK AS A ... (NUMBER IN ORDER OF PREFERENCE PLEASE.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Lift Operator | <input type="checkbox"/> Line Cook | <input type="checkbox"/> Ticket Seller/ Cashier |
| <input type="checkbox"/> Outdoor Guest Services Rep. | <input type="checkbox"/> Prep Cook | <input type="checkbox"/> Retail Rep. |
| <input type="checkbox"/> Volunteer Ski Patrol | <input type="checkbox"/> Baker | <input type="checkbox"/> Rental Attendant |
| <input type="checkbox"/> Pro Patrol | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Indoor Guest Services Rep. |
| <input type="checkbox"/> Snow School Instructor | <input type="checkbox"/> Busser | |
| | <input type="checkbox"/> Barista – Coffee Bar | |

MY AVAILABILITY:

- 5 days a week 4 days a week 3 days a week 2 days a week

MON	TUES	WED	THURS	FRI	SAT	SUN

Please list any current certifications:

- | | | |
|---|--|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> CAA Avalanche Level 1 | <input type="checkbox"/> Class 4 Driver's License |
| <input type="checkbox"/> CPR | <input type="checkbox"/> AST Level 1 | <input type="checkbox"/> Park Scrapers |
| <input type="checkbox"/> 80hour Occupation First Aid | <input type="checkbox"/> CSIA | <input type="checkbox"/> Food Safe |
| <input type="checkbox"/> Or Advanced First Aid equivalent | <input type="checkbox"/> CASI | <input type="checkbox"/> Serving It Right |
| <input type="checkbox"/> WHMIS | <input type="checkbox"/> CSCF | <input type="checkbox"/> Other: _____ |

Why do you want to work for Whitewater?

***** Please include a cover letter, resume, and references with your application. *****

I certify that information in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____