

NEW HIRE APPLICATION FOR EMPLOYMENT

10/2/2018

MOUNT KATO 507-625-3363 1-800-668-5286

20461 STATE HWY 66, MANKATO, MN 56001

www.mountkato.com

Personal Information and Pre-Employment Questionnaire

Date: _____

Last Name		First Name		Middle Name	
Age Group	14-15	16-17	18+ (Age 19+ complete additional screening forms).		
Address		City	State	Zip	
Home Phone		Work Phone			
Cell Phone		Email			
Emergency Contact (Name and Phone Number)					

Desired Employment

Positions: Lift Operator, Rental Shop, Food Service, Bartender/Cook, Ski/Snowboard Instructor, Terrain Park, Office, Cashier/Ticket Sales, Maintenance, Snow Maker, Medical Patrol, Night Janitor, Tech Shop					
Position Applying for: (1):		(2):		(3):	
Ever worked at MOUNT KATO before?			If "Yes", dates and reason for leaving?		
Date You Can Start:		Are you currently employed?		May we contact your current employer?	
Hours Desired per Week? _____		Hours Available per Week? _____			
<input type="checkbox"/> Weekdays M-T-W-Th-F	<input type="checkbox"/> Nights M-T-W-Th-F-Sa-Su	<input type="checkbox"/> Weekends Sat. – Sun.	<input type="checkbox"/> Part Time Seasonal	<input type="checkbox"/> Full Time Seasonal	

General

What is your Skiing/Snowboarding background?
Do you know anyone currently employed at Mount Kato?
Most jobs at MOUNT KATO require you to perform physical labor (lifting, standing for long periods, etc.) and some require handling and serving food in a sanitary and healthy fashion. Do you have any physical limitations, contagious diseases or medical conditions which would interfere with your ability to do this? _____ If "Yes", please give details.
Special skills, qualifications or certifications:

For office use only!

Date of Interview: _____	Start Date: _____	Dept: _____	Wage: _____	Employee # _____
Dept. Manager Approval _____	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Cashier	<input type="checkbox"/> Employee	
<input type="checkbox"/> Background Screening Forms _____ Office Initial	<input type="checkbox"/> New Hire Packet Complete _____ Office Initial			
Notes:				

Last Name	First Name	Middle Name
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Education

High School Years Completed:	College/University	Graduate/Professional
School most recently attended or attending:		Now enrolled?
Diploma/Degree:	Describe Course of Study:	

Employment Experience (Please list your last three jobs starting with your present or last job)

Company Name	Address		
Supervisor	Phone		
Position held	Dates Employed	to	
Work performed			
Reason for leaving			

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Certification and Release

In the event of a conditional job offer or employment, I understand that false or misleading information, omissions or misrepresentations given in my application or interview(s) may result in the removal of the offer or in discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting bureaus, to verify this information. I release all former employers, persons, schools companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that I am required to abide by all rules and regulations of Mount Kato Recreation Area.

 Digital Signature
 (type your name please if submitting online.)

 Date