Mount Kato

Thank you for your interest in working at Mount Kato this season.

If you are applying as a new hire:
Please file out the "New Hire Application" that is on the following
two pages of this PDF.

If you are a returning employee:
Please pick up a "Returning Employee Application" in the Mount Kato office.

New Hire Application Instructions

You have three options:

1. Print out the following two pages of this document and manually file them out. Then bring them into the office at Mount Kato and drop them off.

2. Fill out the following two pages in your web browser on your computer and then print this file to your computer as a PDF. You can then email your application to mail@mountkato.com. *Ensure that you are emailing a completed form. If you just save a copy of the document to your computer it will be blank.*

3. Come into the office at Mount Kato and get a paper copy of the application.

NEW HIRE APPLICATION FOR EMPLOYMENT

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? _____

☐ Weekdays	☐ Nights	☐ Weekends	☐ Part Time	☐ Full Time
M-T-W-Th-F	M-T-W-Th-F-Sa-Su	Sat. – Sun.	Seasonal	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 _____   ☐ **Supervisor** ☐ **Cashier** ☐ **Employee**

☐ **Background Screening Forms**   ☐ **New Hire Packet Complete**
          _____*Office Initial*   _____*Office Initial*

Notes:

Last Name	First Name	Middle Name

Education

	High School	College/University	Graduate/Professional
Years Completed:			

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		

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

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

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   Date

If you are filling this out online, please type your name in the above field.