

MT. HOOD SUMMER SKI CAMP, INC.

Employment Application (print neatly)

Today's Date: _____

NAME _____ MALE or FEMALE _____

Social Security # _____

PERMANENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

JOB YOU ARE APPLYING FOR _____

WHICH YEAR(S) WERE YOU A CAMPER? _____

AGE (or how old will you be come summer time?) _____

PHYSICAL: Do you now have or have you ever had, within the last six months, any contagious or communicable diseases, or gastro-intestinal infections, or have you ever had hepatitis or salmonella?

YES _____ NO _____ If yes, explain _____

SKIING OR SNOWBOARDING GOALS: Give a brief description.

DRIVERS LICENSE # _____ STATE _____

YOUR AVAILABILITY: Camp starts Memorial Day Weekend (late May) and ends Labor Day Weekend (early Sept.).

STARTING DATE _____ ENDING DATE _____

EDUCATION: Last School Attended.

NAME _____ LOCATION _____

LAST GRADE COMPLETED _____ G.P.A. _____

TWO MOST RECENT JOBS: or references

COMPANY _____ LOCATION _____

POSITION _____ PHONE _____

SUPERVISOR _____

DATES WORKED: FROM _____ TO _____

REASON FOR LEAVING _____ SALARY _____

COMPANY _____ LOCATION _____

POSITION _____ PHONE _____

SUPERVISOR _____

DATES WORKED: FROM _____ TO _____

REASON FOR LEAVING _____ SALARY _____

Are you Certified Lifeguard? (circle) YES NO

Do you have a current Red Cross First Aid Card? (circle) YES NO

What training or experiences have you had and what qualities do you possess that will create a more positive experience for our campers?

What Afternoon Activities can you best assist? _____

If you are applying for a **Counselor** position, I understand that as a vehicle driver, I may be subject to random drug testing.

Signature: _____ Date: _____

I certify that the information in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with the policy of MHSSC. I authorize the references listed on the other side of this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you. I acknowledge that, if I become employed, I will be free to terminate at any time for any reason and MHSSC retains the same rights.

Date _____ Signature _____

If you are applying for a "camper/staff" or "camper/digger" positions, please fill out and send in **both the employment application and camper application forms.**