

APPLICATION FOR EMPLOYMENT

Office Use Only



Ragged Mountain Resort is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

www.raggedmountainresort.com
Tel: 603-768-3600 Fax: 603-768-3929

Date Rec'd: ___/___/___
Position Applied For: _____
Department: _____
F/T ___ P/T ___

Be sure you have accurately filled in the "Applicant Information" section at the top of this application. You are encouraged to provide a copy of your current resume, however **RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION.**

APPLICANT INFORMATION:

| | | | | |
|---|--------|-------|---|--|
| LAST NAME: | FIRST: | M.I.: | Date of Application: | Email: |
| STREET ADDRESS: | | | Home Phone: | Mobile Phone: |
| CITY: | STATE: | | Have you been employed here before? No ___ Yes ___ If Yes, when? | Have you applied here before? No ___ Yes ___ If Yes, when? _____ |
| ZIP: | | | | |
| HOW WERE YOU REFERRED TO RAGGED MOUNTAIN RESORT? A CURRENT EMPLOYEE _____ Name _____ AD _____ ONLINE _____ OTHER _____ | | | Are you 18 years of age or older? Yes ___ No ___ | Are you legally authorized to accept employment in the U.S.A.? Yes ___ No ___ |

Employment History: In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. You should emphasize work experience most pertinent to the position for which you are applying. If more space is needed, please include a resume.

| | | |
|---------------------|--|----------------------------------|
| Company: | Type of Business: | Position(s) Held: |
| Address: | Phone #: | Brief Description of Job Duties: |
| City: State: | Zip: | |
| Supervisor: | Sup. Phone#: | |
| Compensation: | Dates worked From: To: | |
| Reason for Leaving: | Type & # of Employees directly supervised: | |
| Company: | Type of Business: | Position(s) Held: |
| Address: | Phone #: | Brief Description of Job Duties: |
| City: State: | Zip: | |
| Supervisor: | Sup. Phone#: | |
| Compensation: | Dates worked From: To: | |
| Reason for Leaving: | Type & # of Employees directly supervised: | |
| Company: | Type of Business: | Position(s) Held: |
| Address: | Phone #: | Brief Description of Job Duties: |
| City: State: | Zip: | |
| Supervisor: | Sup. Phone#: | |
| Compensation: | Dates worked From: To: | |
| Reason for Leaving: | Type & # of Employees directly supervised: | |

Educational History:

| Education | School Attended and Address | # of Semesters Completed | Major Field | Graduated | Degree Received |
|-------------|-----------------------------|--------------------------|-------------|-----------|-----------------|
| | | | | Yes No | |
| High School | | | | | |
| College | | | | | |
| Graduate | | | | | |
| Other | | | | | |

Professional Work References:

| Name | Title/Relationship | Address | Phone | Occupation |
|------|--------------------|---------|-------|------------|
| | | | () - | |
| | | | () - | |
| | | | () - | |

Professional Licenses/Certifications:

| Organization | License/Member # | Certification Level | Expiration |
|--------------|------------------|---------------------|------------|
| NSP | | | |
| PSIA | | | |
| USSA | | | |
| Other: | | | |
| Other: | | | |

General Information:

1. Have you ever been convicted of a felony or misdemeanor, or are you presently formally charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions except by general court martial.) YES _____ NO _____ If answered yes, please provide the details of the conviction, offense, location, date and sentence.

Please note: Conviction is not an automatic disqualifier for employment. Each application is considered individually.

WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

2. Within the past 3 years, have you knowingly used narcotics, amphetamines, barbiturates or other controlled substances other than those prescribed by a physician? YES _____ NO _____

3. Do you have a valid, unexpired Driver's License? YES _____ NO _____ If yes- D/L Number _____ Issuing State _____ Expiration _____ 4. If you answered NO to question 3, do you have a reliable form of transportation to and from the Resort? YES _____ NO _____

5. List any languages you speak and/or write other than English: _____

6. Please list any additional skills you possess related to the resort or job you are applying for:

7. Please list any Customer Service qualities and experience you possess:

8. Please list any previous snow sports or golf resort related experience:

9. Please list any computer and technology related skills you possess:

10. Position(s) that you are applying for: _____ Full or Part Time? (Circle one) Date Available to Start: _____

11. Do you have any physical limitations that would prevent you from performing the job you are applying for? YES _____ NO _____

I have attached a copy of my current resume

I understand that in order for my application to be considered, the following Affirmation must be checked.

I certify the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and discover, my service may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position. I understand and authorize Ragged Mountain Resort to perform background screening for applicable positions.

By checking this box, you are certifying that you have read and agreed to the above statement

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____

ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE

To submit a printed and completed application by mail or in person: Ragged Mountain Resort, ATTN: Employment, 620 Ragged Mountain Road, Danbury NH 03230
 To submit a completed application by email: Attach your application and add "employment" in the subject line and send to employment@raggedmountainresort.com

For assistance call 603-768-3600

Only fully completed Applications will be considered.