



Employment Application

Seven Oaks Recreation is An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

DEPARTMENT(S) APPLYING FOR: *(mark which department(s) you are interested in)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Snow Tube Park | <input type="checkbox"/> Rental Department | <input type="checkbox"/> Bartender (18+) |
| <input type="checkbox"/> Snowmaker (18+) | <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Food/Beverage |
| <input type="checkbox"/> Lifts/Tow Operator | <input type="checkbox"/> Ski/Board Instructor | <input type="checkbox"/> Office/Ticket Sales |

PERSONAL INFORMATION:

Name _____ Today's Date _____

Email Address _____

Address _____

Phone _____

Are you eligible to work in the U.S? _____ Yes _____ No

Are you at least 18 years or older? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No *(saying yes does NOT auto disqualify you from the hiring process)*

If yes, please explain: _____

EMPLOYMENT INFO:

Employment Desired _____ Full-Time _____ Part-Time Date you can start _____

Are you currently employed? _____ If so, are you planning to work both jobs if hired? _____

Are you willing/able to work nights, weekends, and holidays _____

REFERRAL SOURCE:

How did you hear about us? _____ Walk In _____ Social Media _____ Online _____ Referral _____ Other

Have you ever worked at Seven Oaks? _____ Yes _____ No If yes what department _____

Do you know anyone who works for Seven Oaks? _____ Yes _____ No *If yes, who? _____

EDUCATION:

School Name	City/State	Years Attended	Graduate(Y/N)	Degree/Major

Continue _____

REFERENCES:

Name	Relationship	Years Known	Phone Number

EMPLOYMENT HISTORY:

EMPLOYER #1:	JOB TITLE:		DATES EMPLOYED:
ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	MANAGERS NAME:	OKAY TO CONTACT?	IF NO, WHY?

EMPLOYER #2:	JOB TITLE:		DATES EMPLOYED:
ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	MANAGERS NAME:	OKAY TO CONTACT?	IF NO, WHY?

EMPLOYER #3:	JOB TITLE:		DATES EMPLOYED:
ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	MANAGERS NAME:	OKAY TO CONTACT?	IF NO, WHY?

SIGNATURE DISCLAIMER:

SOR109009302021

****Please read carefully before signing****

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Seven Oaks to hire me. If I am hired, I understand that either Seven Oaks or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Seven Oaks has the authority to make any assurance to the contrary. I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize Seven Oaks to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

****THIS APPLICATION IS VALID FOR 60 DAYS FROM THE SIGNED DATE ABOVE****