Buffalo Ski Club LLC

Employment Application "An Equal Opportunity Employer"

Full Name:	Last	First			M.I.	ate:			
Address:	Street Address			Apartment/Unit #					
	City				State	ZIP Co	de		
Phone: _(()			Cell Phone: _					
Date Available: Social Sect		Security No.	ty No.:		Birth Date:	Birth Date:			
Position Ap	oplied for:						\/50		
Do you hav	ve a driver's license?	YES	NO	Do you have tra	ensportation to and fr	om work?	YES	NO	
Have you	ever worked for this company?	YES	NO	If so, when?					
Have you	ever been convicted of a felony	YES	NO	If, so details					
Email Address									
Previous	Work								
Company:		Phone:		Start and End Dates:					
Job Title:_	Ra	Rate of Pay:		Reason for leaving:					
Company:		Phone:		Start and End Dates:					
Job Title:_	Ra	Rate of Pay:			Reason for leaving:				
Reference	es Please list	two people	e you	know well and	are not related.				
Full Name:	:			Occupation _					
Years Kno	wn				_ Phone: _()			
Address:									
Full Name:	:			Occupation _					
Years Kno Disclaime	wn er and Signature				Phone: ()			
If this app	at my answers are true and co lication leads to employment, t t in my release.					y applicatio	n or inter	view	
Signature:					Date:				