

P.O. Box 10
 Rangeley, Maine 04970



Phone: 207-864-5671
 Fax: 207-864-5878

Personal Data

www.saddlebackmaine.com

Name:		Day Phone #:	
Address:		Evening Phone #:	
City:		Cell Phone #:	
State, Zip:		E-Mail:	

Have you ever worked at Saddleback? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you looking for a part or full time work? Full <input type="checkbox"/> Part <input type="checkbox"/>
How did you find about us?	What type of work are you looking for? Winter <input type="checkbox"/> Year-Round <input type="checkbox"/>
Can you ski/board proficiently? Yes <input type="checkbox"/> No <input type="checkbox"/> (Does not apply to all positions)	

Education & Skills

Name of School, College, University	Subjects Studied	Years Attended ~ Graduated Y/N

List any skills, licenses, certificates you have acquired:

Position applied for:	Date you are available for work:
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Can you perform the essential functions of this position without accommodation? Yes No

Saddleback is an equal opportunity employer

Please complete backside. Thank you.

Employment History

Current Employer:	
Address:	City, State, Zip:
Your title:	Supervisor's Name:
Employed from: to:	Hours per week:
Duties included:	Reason for leaving:

Previous Employer:	Phone:
Address:	City, State, Zip:
Your title:	Supervisor's Name:
Employed from: to:	Hours per week:
Duties included:	Reason for leaving:

Previous Employer:	Phone:
Address:	City, State, Zip:
Your title:	Supervisor's Name:
Employed from: to:	Hours per week:
Duties included:	Reason for leaving:

You may attach your resume and/or personal references to this completed application.

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I authorize Saddleback to contact past employers for verification of my skills and duties performed. If employed, I agree to adhere to Saddleback's Employment Manual and I understand that customer satisfaction is of great importance.

Signature: _____ Date: _____