



Application for Employment
Catamount Ski Area & Catamount Aerial Adventure Park
PO Box 128, South Egremont, MA 01258

Please print clearly in ink and complete the entire application.

Catamount is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religion, creed, national origin, ancestry, sex, age, and disability, gender identity, gender expression, veteran status or sexual orientation.

Massachusetts General Laws c. 149 s19B requires that the following statement be included on employment applications: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Today's Date _____

Applicant Information

Last Name	First Name/Middle Initial	Home Phone	Cell Phone
Street Address		Mailing Address/PO Box	
City/State/Zip		Email	

Are you at least 18 years old? Yes No

All minors under the age of 18 must complete an employment permit application and obtain the permit before starting a new job. For minors who are residents of the Commonwealth of Massachusetts, permits are issued by the superintendent of schools for the municipality in which the minor lives or attends school - either is acceptable. If the minor resides outside the Commonwealth, the permit is issued by the superintendent for the municipality where the minor's job will be located.

Are you legally authorized to work in the US? Yes No
(If hired you will be required to provide proof of identity and work authorization within 3 days of hire.)

Position applied for: _____ Shift Preference: _____

Full-time Part-time Part-time days / hours preference: _____

Are you able to work overtime? Yes No How soon would you be able to start? _____

If required to drive a motor vehicle do you have a valid driver's license? Yes No

Education and/or Military Training

School Name, City & State	Major Subjects	# of Yrs Attended	Diploma or Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Employment History

List all employment starting with present or most recent. You may include verifiable volunteer work.

Company Name	City/State		Phone Number
Name of direct supervisor	Dates employed	Job Title	May we contact this employer?
Please state your reason for leaving.			Starting Pay: Ending Pay:

Company Name	City/State		Phone Number
Name of direct supervisor	Dates employed	Job Title	May we contact this employer?
Please state your reason for leaving.			Starting Pay: Ending Pay:

Company Name	City/State		Phone Number
Name of direct supervisor	Dates employed	Job Title	May we contact this employer?
Please state your reason for leaving.			Starting Pay: Ending Pay:

Continued on page 3



Please read the following statements; they constitute the conditions under which you would be employed by Catamount should you be accepted for employment.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentations or omission of facts called for in this application may result in denial of employment or immediate dismissal.

AT-WILL EMPLOYMENT

I understand that if I am employed by Catamount, my employment is for no definite term and that I can be terminated at any time with or without notice and with or without cause. I further understand that no verbal promises or guarantees are binding on Catamount and that no one, other than the President of Catamount, has authority to enter into an agreement for employment contrary to the above, and that any such agreement must be in writing. If employed, I agree to abide by all of Catamount's rules and regulations, and any changes thereto.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I understand that a job offer may be contingent upon the satisfactory results of a physical examination and/or drug screening. I understand that I may also be required to undergo a post-employment medical exam or drug test by the Company's designated health practitioner. (Note: You will be notified if these are a requirement, and all related expenses are paid by Catamount.)

NOTIFICATION AND AUTHORIZATION TO CONDUCT A BACKGROUND CHECK

I give Catamount permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that my offer of employment may be rescinded if the result of this investigation is unacceptable to Catamount. I understand that depending upon the position I have applied for, I may be subject to a background investigation and an offer of employment may be rescinded if the results are negative. I release the Company from all claims for damages from conducting such verification.

IMMIGRATION REFORM AND CONTROL ACT

I understand that within the first 3 working days of my employment I must provide proof of employment authorization and proof of identity. Failure to do so in accordance with the rules established under the Immigration Reform and Control Act will result in immediate termination of my employment.

NOTIFICATION OF POLICY AGREEMENT

Should I be employed by Catamount, I agree to comply with all rules and regulations of the Company. I understand that the Company shall have the right to change its rules, regulations and benefits at any time.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read, understand and consent to the above statements and notifications.

Signature of Applicant

Date