



21 Kings Crossing Rd, # 207
Winter Park, CO 80482

Phone: 970-726-5713
Fax: 970-726-9620

info@mountainchaletpm.com

Job Application

Personal Information

Last	First	MI	SSN#	Email
Street Address		City	ST	Zip
Cell Phone		If yes, Date of Birth		
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:		
Have you been convicted of any traffic infractions and/or moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:		
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, Drivers License number and state		
If hired, do you have a reliable means of transportation to get to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch ?		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War ?		
What position are you applying for?		How did you hear about this position?		
Expected Hourly Rate	Expected Weekly Earnings	Date Available to Start?		
Have you ever been employed by this organization in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Are you able to lift at least fifty pounds and be on your feet for at least 6 hours at a time?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the tasks commonly associated with the job for which you are applying without reasonable accommodation?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in The United States of America?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prior Work Experience

Employer 1

Employer			
Address			
Name of Supervisor	Supervisor	Position	Supervisor contact info
Dates of Employment	From	To	Reason for Leaving
Position	Job Title	Pay	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 2

Employer			
Address			
Name of Supervisor	Supervisor	Position	Supervisor contact info
Dates of Employment	From	To	Reason for Leaving
Position	Job Title	Pay	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 3

Employer			
Address			
Name of Supervisor	Supervisor	Position	Supervisor contact info
Dates of Employment	From	To	Reason for Leaving
Position	Job Title	Pay	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

References

	Name/Location	Contact info	Year Known	Relationship
Personal Reference 1				
Personal Reference 2				
Professional Reference				
Other				

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date