

Wallowa Lake TRAMWAY Oregon



EMPLOYMENT APPLICATION

Last Name		First		M.I.	Date	
Mailing Address				Apt/Unit #		
City		State		ZIP		
Phone		E-mail				
Social Security No. - -		Full Time	Part Time	Days Available M T W Th F S Su		
Are you under 18?		YES	NO	If yes, month and year of birth		
Have you ever worked at Wallowa Lake Tramway?		YES	NO	If yes, when?		Department

AVAILABLE POSITIONS			
Food and Beverage	Lift Operations	Office/Ticket sales	
Food prep Supervisor*	Lift Supervisor*	*Office/Clerical Supervisor	
Line cook*	Lift Terminal Operator	Ticket seller	
Prep cook	Lift Attendant		
Cashier			

POSITIONS APPLIED FOR		
First Choice	Second Choice	Third Choice

*provide a copy of your resume and an outline of your training and certification
 **provide an outline of your training and certification
 ***Please visit www.wpsp.org for more information on joining ski patrol.

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, highest level completed And HS GPA
High school GPA			College		
From	To	Did you graduate?	YES	NO	Degree

PREVIOUS EMPLOYMENT (List most recent first)

Company		Phone ()	
Address		Supervisor	
Job Title		Base Pay	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title		Base Pay	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title		Base Pay	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

REFERENCES

Please list three references.

Full Name	Relationship	Phone ()
Full Name	Relationship	Phone ()
Full Name	Relationship	Phone ()

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements contained in this application including the release of requested information by former employers. I understand that in connection with this application, for some positions, background check, consumer report and/or an investigative consumer report will be requested whereby information is obtained through personal interviews with my neighbors, friends, associates, physicians or with others with whom I am acquainted. I understand that misrepresentation or omission of fact is a cause for dismissal.

Signature	Date
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