



APPLICATION FOR EMPLOYMENT - 2011-2012 SEASON  
RETURNING APPLICANTS

Please fill out and mail this to:  
PERSONNEL DEPT.  
MT SOUTHWINGTON SKI AREA  
PO BOX 347  
SOUTHWINGTON, CT 06489

Employee#:   
Dept.#:   
Date of Birth:

**Please Print:**

DATE OF APPLICATION:

NAME:   
*Last First M.I.*

ADDRESS:   
*No. & Street City State Zip*

EMAIL:  PHONE:   
*Home Work*

CELL #:

DEPARTMENT APPLYING FOR:

Were you ever injured?  Yes  No If yes, give details:

Have you ever collected workman's compensation?  Yes  No If yes, give details on reverse/other sheet.

Have you ever been convicted of a felony?  Yes  No

IN CASE OF EMERGENCY NOTIFY:   
*Name Phone#*

**SCHEDULE AVAILABILITY**

Please write the times you are available each day of the week in the boxes below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

**\*\*IF YOU WOULD LIKE TO CHANGE YOUR WITHHOLDINGS, STATE AND FEDERAL W-4 FORMS MUST BE COMPLETED\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY** \_\_\_\_\_

Hired by: \_\_\_\_\_ Rate: \_\_\_\_\_