Whiteface Club & Resort 373 Whiteface Inn Lane Lake Placid, NY 12946 518-523-2551 www.whitefaceclubresort.com

NAME:	TODAY'S DATE					
Last	First M.I.					
Complete Address:						
Telephone No. :	Social Security No.:					
Are you 18 Years or Older (circle one)	Yes or No Email Address:					
Can you show proof of eligibility to work	in the U.S.? (Circle one) Yes or No					
Do you have any medical reason that wo	uld preclude you from lifting up to 25lbs? yesno					
Position desired:	full time: part-time:					
Dates Available: From:	Through					
Have you ever worked at the Whiteface	Club & Resort before? Yes or No					
If Yes, Where?	When?					
Have you ever filled out an application a	t the Whiteface Club & Resort? Yes or No If Yes, When:					
Do you have a Driver's License?	Do you have a reliable means of transportation?					
Education: Circle the highest level compl	eted. Describe Other Schooling (Trade School Etc.):					
Grammar: High School:	-					
1 2 3 4 5 9 10 11 12	1 2 3 4					
6 7 8						
Name of College Attended:	Degrees Earned:					
What skills do you have that might be he	lpful?					
References: Give two persons (No relativ	ves or former employers)					
Name:	Occupation:					
Complete Address:						
Name:	Occupation:					
Complete Address:						
Telephone number:						
IN CASE OF EMERGENCY PLEASE CONTAG	CT: How did you hear about the					
	Whiteface Club & Resort job opportunities?					
Each Employee when hired is on a three	months training/probation period.					

See other side------ \rightarrow

List of Past Employment: (complete all three boxes-beginning with your most recent position).

Company Name:	Phone #				
	Employment of	Employment dates: mm/yy			
Complete Address:	From:	То:	<u> </u>		
	Weekly Pay:				
Name of Supervisor:	Start:	Last:	<u> </u>		
	Reason for Leaving:				
State Job Title and describe work					

Company Name:	Phone #	
	Employment dates: mm/yy	
Complete Address:	From: To:	<u>.</u>
	Weekly Pay:	
Name of Supervisor:	Start: Last:	<u>.</u>
	Reason for Leaving:	
State Joh Title and describe work		

Company Name:	Phone #
	Employment dates: mm/yy
Complete Address:	From: To: .
	Weekly Pay:
Name of Supervisor:	Start: Last: .
	Reason for Leaving:
State Job Title and describe work	<u> </u>

Have you ever been convicted by the authorities for any reason, including Driving While Intoxicated or Driving While Ability Impaired? (Omit other traffic violations). A conviction will not necessarily disqualify you from employment.

Yes	or	No	If Yes: Check all that apply.								
Felor	ıy?	Yes	or	No	Misdemeanor?	Yes	or	No <u>Other?</u>	Yes	or	No
Please Explain:											

Agreement: I hereby authorize investigation of all statements made on this application. I understand that any misrepresentations or omissions of facts may subject me to dismissal. I agree to abide by the rules of the Club and understand that infraction of these rules may result in my dismissal.

I hereby understand that at any time prior to or during my employment at the Whiteface Club & Resort, I may be asked to submit to a polygraph (lie detector) examination. Failure to agree to submit to this examination can result in termination of my employment with the Whiteface Club & Resort. I have read, understand and willingly agree with the above.

Signature:

Date:

Federal and State laws ban discrimination based on race, color, creed, national origin, citizenship, age, sex, marital status or disability