

WALKING MOUNTAINS EMPLOYMENT APPLICATION

P.O. Box 9469
Avon, CO 81620
Phone: (970) 827-9725
Fax: (970) 827-9730
www.walkingmountains.org

We are an equal employment opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status which may be protected by Federal, State or local law.
Please complete the application in its entirety and be as accurate as possible. Be sure to print legibly and use ink.

Basic Information

Position(s) Applied for: _____ Application Date: _____

I am interested in: Full-time Year Round Part-time Year Round Educators Multi- Season Seasonal/Temporary

If hired, I am available to start work on: _____ Email: _____

Last Name	First Name	Middle Initial	Day/Cell Telephone Number
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Permanent Address	City	State	Zip Code
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If hired, can you provide proof that you are legally eligible to work in the United States? Yes No

Are you 18 years of age or older? Yes No (If no, proof of age may be required prior to starting work)
Have you applied with this company before? Yes No
If yes, please indicate when: _____

Have you ever worked at this company? Yes No If Yes, please indicate when: _____

Have you ever been convicted of a crime? Yes No If Yes, explain _____
(A conviction will not necessarily disqualify you for consideration)

Do you have a valid driver's license? Yes No (For driving positions only)
Driver's License Number _____ Class of License _____ State License In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No
If yes, give details: _____

Have you had any moving violations in the last 5 years? Yes No
If yes, give details: _____

Do you have experience driving a 15 passenger van? Yes No

Do you hold a current first aid and CPR certification?
If yes, give list type of certification and expiration date (WFR required for several positions at Walking Mountain): _____

What languages do you speak? Describe your proficiency level of each _____

Have you ever been asked to resign or been fired from a job? Yes No If Yes, explain _____

Describe any additional skills, training, certifications, licenses etc you may have that relate to the job you are applying for including languages you speak and your proficiency level of each:

Education and Applicable Skills

	Institution Name and Contact Information	Graduated: Yes or No	Diploma/Degree or Certificate	Subject or Major
High School or GED				
Technical or Vocational				
College or University				
Other:				

Employment Information

Include your employment information beginning with your current or most recent employer first. Do not exclude employment and be sure to account for all periods of time; including unemployment, self-employment, and military service.

Job offers may be contingent on acceptable references from current and previous employers.

Company Name	Dates of Employment (month/year): From _____ To _____		
Address, City, State, Zip Code	Wage/Salary: Starting \$ _____ per _____	Final \$ _____	per _____
Telephone Number	Job Title and Duties		
Supervisor(s) Name	Reason for Leaving Employment		
Company Name	Dates of Employment (month/year): From _____ To _____		
Address, City, State, Zip Code	Wage/Salary: Starting \$ _____ per _____	Final \$ _____	per _____
Telephone Number	Job Title and Duties		
Supervisor(s) Name	Reason for Leaving Employment		

Please provide three references who are not former employers or relatives, who can provide professional reference information.

Name	Contact Information	Relationship	Years Known

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING AND SUBMITTING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby consent and understand that I may be required to submit to a pre-employment medical examination, a pre – and/or post-employment drug screen and background check as a condition of employment, if required. I understand that unsatisfactory results, refusal to cooperate with, or any attempt to affect the results of these pre/post employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all former employers, references, schools, courts and any others whether listed or not to provide relevant information that may be useful in making a hiring decision. I release all parties involved from any and all legal liability in providing such information.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, THIS APPLICATION, VERBAL STATEMENTS MADE BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND THAT SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED THAT EMPLOYMENT IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER THE COMPANY OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF COMPANY EXCEPT THE PRESIDENT HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING ANY CONDITIONS OF EMPLOYMENT OR ANY AGREEMENT CONTRARY TO THE FOREGOING STATEMENTS AND THAT ANY SUCH AGREEMENTS MUST BE MADE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.

By signing I acknowledge that I have read, understand and agree to these statements.

Signature _____

Date _____