

GRAYLING RECREATION AUTHORITY

7601 OLD LAKE RD • PO BOX 361 • GRAYLING MI 49738 • (989)348-9266

www.hansonhills.org

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last name _____ First name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Alt. Phone _____

Rental Shop Snack bar Instructor (Ski/Snow Board)

Lift Operator Maintenance

How did you hear of this opening? _____

When can you start? _____ Desired Wage: \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

(You may be required to provide documentation.)

What hours are you available? _____

Will Sports or other commitments interfere with working nights & weekends? Yes No

If yes, please explain _____

For Maintenance, are you willing to work graveyard? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please describe conditions. _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

Employment History (start with most recent)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May We Contact Yes No

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May We Contact Yes No

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May We Contact Yes No

Responsibilities _____

Reason for Leaving _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____