



CASCADE MOUNTAIN SKI PATROL APPLICATION



PERSONAL INFO	Last Name		First Name		MI	Sex	DOB	
	Street Address				Main Phone			
	City		State	Zip		2 nd Phone		
	E-Mail Address				Occupation			
	Have you ever been convicted of a felony or other crime? (This does not necessarily disqualify you from consideration.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If yes, Please write a description of the violation on a sheet of paper, place in a sealed envelope and return with this application.							

EXPERIENCE	Ski Patrol Experience	
	First Aid / EMT Experience	
	Medical Certifications	
	Do you: <input type="checkbox"/> Ski? <input type="checkbox"/> Snowboard? <input type="checkbox"/> Tele?	How would you rate your abilities? <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert
	How many years have you skied / snowboarded? How many times do you ski / snowboard per year?	Do you have any PSIA / AASI certifications? If so what?

AVAILABILITY	Which shifts are you available to work? (Check all that apply)							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Open – 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4pm - Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you be able to work the same weekly shift for the full season? If no please explain why / your schedule availability.								

REFERRAL	Why do you want to join Cascade Mountain Ski Patrol?
	Were you referred to Cascade Mountain Ski Patrol by a patroller?
	Do you have any previous experiences with Cascade Mountain Ski Patrol?

AUTHORIZATION	- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand if I am hired, any false statements on this application shall be grounds for dismissal. - I authorize investigation of all statements contained herein. I understand that the investigation of these facts will include a background check. - I further understand that if hired, a photograph of me will be kept in my permanent file. - If hire, I will abide by the procedures and regulations of Cascade Mountain Management Corporation and Cascade Mountain Ski Patrol
	Signature of Applicant _____ Date _____