



APPLICATION FOR EMPLOYMENT

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ Province _____ Postal Code _____ - _____

Home ☎(____) _____ - _____ Cell ☎(____) _____ - _____ Email ☏ _____

GENERAL INFORMATION

Position(s) applied for: (Please number in order of preference)

Before selecting a department, ensure that you have read the job requirements and have the necessary qualifications

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Rentals | <input type="checkbox"/> Ski Instructor | <input type="checkbox"/> Equipment Operator |
| <input type="checkbox"/> Lift Operations | <input type="checkbox"/> Retail | CSIA Level 1 2 3 4 | <input type="checkbox"/> Groomer Operator |
| <input type="checkbox"/> Guest Relations | <input type="checkbox"/> Food Services | <input type="checkbox"/> Snowboard Instructor | <input type="checkbox"/> Snowplay/Tube Park |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Alpine Services | CASI Level 1 2 3 4 | <input type="checkbox"/> Terrain Park |
| <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Ski/SB Patrol | <input type="checkbox"/> Nordic _____ | |
- (specify department)

PLEASE SPECIFY HOURS YOU ARE AVAILABLE FOR WORK

ANY DAY/TIME

(When in full operation, Cypress is open from 8:30 am - 10:00 pm, 7 days a week)

FULL TIME PART TIME Date available to start _____

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

Are you legally entitled to work in Canada ? YES NO

If applicable, please provide a copy of your working visa. Expiry date _____

Do you have a reliable, insured vehicle ? YES NO

Do you have a valid BC drivers license ? YES NO

If the position you are applying for requires bonding, are you eligible to be bonded?

("an insurance contract in which an agency guarantees payment to an employer in the event of unforeseen financial loss through the actions of an employee.") YES NO

If the position you are applying for involves working with children (a person under 19 years of age), can you be approved to work with children? YES NO

Do you have any physical or mental disabilities affecting your ability to do the job you are applying for, or want us to take into consideration when determining job placement?

YES NO

Details _____

Have you ever worked for Cypress Mountain ? YES NO

Department _____ Position _____ Year _____ Supervisor _____

Did a friend or relative refer you to employment with Cypress?

YES NO

Please note names and relationship _____

EDUCATION

Please list any relevant education, training and certification

Name and Location of Institution	Program	Dates Attended	Certification Attained

EMPLOYMENT HISTORY

List your previous employment starting with your most recent. **REFERENCES WILL BE CONTACTED PRIOR TO ANY JOB OFFERS. PLEASE PROVIDE REFERENCE NAMES AND NUMBERS.** If you do not have any previous employment, please provide 2 personal references from persons other than relatives.

Name and Location of Employer	Reference Name/Position	Reference Phone #.	Dates Employed
Position Held	Briefly describe your duties		

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ADDITIONAL INFORMATION

Describe any skills, abilities, or achievements that may be relevant to your employment at Cypress Mountain.

In signing this application, I understand that any deliberate omission or falsification of information by me in this form will be sufficient reason for denial or termination of employment. I authorize Cypress Mountain to verify any information contained in this application and to contact any previous employers and personal references. Cypress may use personal information provided verbally or in writing (including via electronic media) by potential employees in order to communicate with you about specific jobs, job opportunities or general information about employment at Cypress and to meet any applicable legal and regulatory requirement. For a full explanation of Cypress' practices and policies related to the collection, use, and storage of our applicants information, please read our complete privacy statement at www.cypressmountain.com

SIGNATURE _____ **DATE** _____

HOW DID YOU HEAR ABOUT US?

- Advertisement (please indicate where) _____ Referred by: _____
- Online (please indicate where) _____
- Other (please indicate) _____

OFFICE USE ONLY				INTERVIEWER: _____	Date: _____				
1. Knowledge of Job skills:	Poor	Fair	Good	Excellent	Comments: _____ _____ _____				
	1	2	3	4					
2. Related Job Experience:	1	2	3	4					
3. Related educational/ Training:	1	2	3	4					
4. Initiative:	1	2	3	4					
5. Communication/ Listening Skills:	1	2	3	4					
6. Attitude:	1	2	3	4					
7. Interest in Company:	1	2	3	4	Reference #1	1	2	3	4
					Reference #2	1	2	3	4
					HIRE ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>