

# REHIRE APPLICATION



# CASCADE MOUNTAIN

W10441 Cascade Mountain Rd, Portage, WI 53901

Cascade Mountain offers seasonal full and part time positions in the following areas:

**Food & Beverage Service: Cashier & Counter Person, Janitorial, Cook; Bartender (Must be at least 21 years old); Warehouse; Tube Town; Office/Ticket Sales; Group Sales; Sports Shop; Rentals; Guest Services; Lift Attendant+; Terrain Park Crew; Snowmaker+; Mechanic+; Snow Sports School: Ski Instructor, Snowboard Instructor, Cascade Kids Instructor\*, Race Coach**  
 Must be at least 16 years old for most positions; +Must be at least 18 years old; \*Positions available for 14 & 15 years old

Date: \_\_\_\_\_

Please Print Legibly. Incomplete or illegible applications will not be processed.

**PERSONAL**

Last Name	First	MI	Main Phone ( )
Street Address			2nd Phone ( )
City	State	Zip	Social Security #
E-Mail Address			How many hours per week can you work?
What department(s) have you worked in?			
Have you ever been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (This does not necessarily disqualify you from consideration.)			
If yes, please write a description on a sheet of paper, place in a sealed envelope and return with this application.			

**POSITION**

Position applying for: 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_ Start Date: \_\_\_\_\_

Please check if you are available to work during:  weekends  holidays  evenings  days

**Availability to work:** (May change due to school or other employment scheduling) *Weekends and Holidays Required*

	MON	TUES	WED	THURS	FRI	SAT	SUN
<b>From</b>							
<b>To</b>							

Please list dates you know you are not able to work: \_\_\_\_\_

Certain positions may require you to drive a company vehicle. Do you have a valid driver's license?  Yes  No

Are you currently employed?  Yes  No

Are you currently in school?  Yes  No Where? \_\_\_\_\_

**AUTHORIZATION**

CASCADE MOUNTAIN is an Equal Opportunity Employer and does not discriminate in hiring on the basis of creed, race, sex, national origin, sexual orientation, age, or disability unrelated to ability necessary to perform the work required. No question on this application is intended to secure information to be used for such discrimination. The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. Wisconsin law exempts Cascade Mountain from state and federal overtime laws.

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any false statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing them to you. I understand that the investigation of these facts will include a background check.
- I further understand if hired, a photograph of me will be kept in my permanent file.
- If hired, I will abide by the procedures and regulations of Cascade Mountain Management Corporation.
- I understand that I will be employed "at will" and that my employment may be terminated at any time for any reason, with or without cause, and with or without notice; and that my employment is seasonal and terminates at or before the end of the season.
- I understand that, if offered a position, my employment will be conditional based on the results of a pre-employment controlled substance test. I further understand that random drug testing will be part of my continued employment with Cascade Mountain Management Corporation.
- Cascade Mountain is not required to extend healthcare to seasonal employees. For more information about obtaining healthcare through the Marketplace, please visit [healthcare.gov](http://healthcare.gov).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_