

Please print this page and fax, drop off or mail to Ski Stony Ski Area

Stony Mountain Ski Area

P.O. Box 590
 Stony Mountain,
 Manitoba
 R0C 3A0
 Phone: (204) 344-5977
 fax: (204) 480-4847



Dear Team Stony Applicant: We appreciate your interest in joining our Team and are genuinely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Position(s) applied for _____	Rate of pay expected \$ _____ per hour
Requested Full-Time _____ Part-Time _____ Specify days & hours if part-time _____	
Were you previously employed by us? _____ If yes, when? _____	
If your application is considered favorably, on what date will you be available for work? _____	

Personal Information	
Name:	Address:
Town:	Postal:
E-Mail:	Phone: <i>Res.</i> _____ <i>Bus.</i> _____ <i>Cell</i> _____
Date of Birth:	
SIN	Valid Drivers License? _____ Class: _____

Education & Training:	
Skiing/Snowboarding Experience:	Coaching/Instructional Experience:
	Certification: _____ Level: _____
	Is your certification current? _____
High School:	College or University: Field of Study:

RECORD OF EMPLOYMENT - List below, beginning with your most recent, present & past employment

Name & Address Type of Business	From	To	Reason for leaving	Name of Supervisor
Telephone:				
	Describe Work:			
Name & Address Type of Business	From	To	Reason for leaving	Name of Supervisor
Telephone:				
	Describe Work:			
Name & Address Type of Business	From	To	Reason for leaving	Name of Supervisor
Telephone:				
	Describe Work:			

Volunteer Experience:	First Aid Training:
Other:	
Computer	Programs that you know

Are there any other experiences, skills or qualifications, which you feel would especially fit you for work with the Ski Stony Ski Area

PERSONAL REFERENCES		
Name & Occupation	Address	Phone Number

May we contact the employers on the previous page? _____ If not, indicate by name which one(s) you do not wish us to contact _____

The facts set forth above in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I also understand that due to the reliance of the Skiing / Boarding business on appropriate weather, opening/closing dates and the length of a period of employment are not guaranteed. In the event of an unforeseen early closing my employment may be terminated without the standard two-week notice.

Signature of Applicant

Date