

# WITCH'S WOODS

AT NASHOBA VALLEY SKI AREA

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER  
 PROOF OF CITIZENSHIP OR IMMIGRATION IS REQUIRED UPON EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_

|                            |                          |
|----------------------------|--------------------------|
| NAME (LAST, FIRST)         | EMAIL                    |
| MAILING ADDRESS            | CITY, STATE, ZIP         |
| PHONE                      | ALTERNATIVE PHONE        |
| EMERGENCY CONTACT NAME     | EMERGENCY CONTACT NUMBER |
| HOW DID YOU HEAR ABOUT US? |                          |

- HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES \_\_\_\_ NO \_\_\_\_  
 IF YES, GIVE DATES \_\_\_\_\_ POSITION \_\_\_\_\_
- ARE YOU: UNDER 18 \_\_\_\_ 18 OR OLDER \_\_\_\_  
 IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT? YES \_\_\_\_ NO \_\_\_\_
- SOME JOBS MAY REQUIRE LIFTING OF HEAVY OBJECTS. IS THERE ANY REASON THAT YOU WOULD NOT BE ABLE TO PERFORM THESE JOB RELATED DUTIES? YES \_\_\_\_ NO \_\_\_\_  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_
- SOME JOBS MAY EXPOSE YOU TO STROBE LIGHTING, FOG, SMOKE, BEE STINGS AND OTHER ALLERGANTS.  
 IS THERE ANY REASON THAT ANY OF THESE THINGS WOULD AFFECT YOU? YES \_\_ NO \_\_  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PUT AN "X" IN FRONT OF EACH POSITION THAT YOU WISH TO BE CONSIDERED FOR:

|                         |                                     |
|-------------------------|-------------------------------------|
| _____ TICKET SALES      | _____ ACTOR                         |
| _____ TRACTOR DRIVER    | _____ PHONE CREW                    |
| _____ PARKING ATTENDANT | _____ MAKE UP ARTIST                |
| _____ NARRATOR          | _____ CONSIDER ME FOR ALL POSITIONS |

Witch's Woods is open Thursday through Sunday evenings in October and Halloween night.  
 Please indicate all the evenings you can work by checking the boxes below.

| Thursday | Friday  | Saturday | Sunday  |
|----------|---------|----------|---------|
|          | Sep. 30 | Oct. 1   | Oct. 2  |
| Oct. 6   | Oct. 7  | Oct. 8   | Oct. 9  |
| Oct. 13  | Oct. 14 | Oct. 15  | Oct. 16 |
| Oct. 20  | Oct. 21 | Oct. 22  | Oct. 23 |
| Oct. 27  | Oct. 28 | Oct. 29  | Oct. 30 |

Monday, Oct. 31 \_\_\_\_\_

| FOR OFFICE USE ONLY |       |                                |       |
|---------------------|-------|--------------------------------|-------|
| <b>W4:</b>          | Date: | <b>I9:</b>                     | Date: |
|                     |       | Under 18 - <b>WORK PERMIT:</b> |       |

**DESCRIPTION OF YOUR EDUCATION**

| NAME AND LOCATION OF SCHOOL | DATES ATTENDED | DID YOU GRADUATE? | COURSE OF STUDIES |
|-----------------------------|----------------|-------------------|-------------------|
| HIGH SCHOOL                 |                |                   |                   |
| COLLEGE / TRADE             |                |                   |                   |
| GRADUATE / TRADE            |                |                   |                   |

**PROVIDE A BRIEF EMPLOYMENT HISTORY**

| EMPLOYER NAME | DATES | SUPERVISOR | SUPERVISOR CONTACT | SALARY | POSITION | REASON FOR LEAVING |
|---------------|-------|------------|--------------------|--------|----------|--------------------|
| MOST RECENT   |       |            |                    |        |          |                    |
|               |       |            |                    |        |          |                    |
|               |       |            |                    |        |          |                    |
|               |       |            |                    |        |          |                    |

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

**PROVIDE PERSONAL REFERENCES (AT LEAST 3)**

| NAME | PHONE | EMAIL | ADDRESS | BUSINESS NAME |
|------|-------|-------|---------|---------------|
|      |       |       |         |               |
|      |       |       |         |               |
|      |       |       |         |               |
|      |       |       |         |               |

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT WILL BE AT WILL IN NATURE AND MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME, BY EITHER MYSELF OR MY EMPLOYER.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_