

**Mt. Bachelor Sports Education Foundation
Race Training Center**

**Alpine
Cross Country
Snowboard
Cycling**



EMPLOYMENT APPLICATION

Last Name		First	MI		Circle if you ski or board? Alpine - XC - Snowboard	Date of application		
Street Address					Work desired	Social Security number		
City		State		Zip Code	Home Phone #	Work Phone #		
E-Mail Address					Cell Phone #	Fax #		
COACHING OPTIONS		Full-time basis	Part-time basis	Ages: 7-12	Ages: 13-21	Circle Weekend Days Available: Saturday only Sunday only Saturday and Sunday	RACE CREW	OTHER
Circle Discipline: Alpine Cross Country Snowboard								

Have you ever worked for MBSEF or Mt. Bachelor Ski Area in the past? Yes / No. If Yes, please list below.

If Yes, I authorize Mt. Bachelor to release information of my work history.

Department	Last date employed
Supervisor	Reason for leaving

Last or Present Employer

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			

Last or Present Ski Related Employer

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			

Skiing/Certification History

Skiing Background	Location (Mountain)	Level	Dates		Head Coach
			From	To	
Skiing					
Racing					
Coaching					
Race Crew					
USSCA Certification					
PSIA Certification					

Professional/Work References

List two past supervisors and one person, who are not related to you, who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, zip code)	Phone number (include area code)	Occupation

May we contact your present employer? Please circle Yes
 No

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company’s service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself. I understand that MBSEF is a DRUG FREE Foundation and I agree to perform a drug test prior to employment.

Date _____ Signature _____

*If any of your educational or employment records are under any other name than the above name, please provide other names.