MBSEF

Alpine

Cross Country Snowboard Cycling

EMPLOYMENT APPLICATION

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

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	То			
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	То	
Reason for leaving			

Skiing/Certification History

Skiing Background		Level		tes	Head Coach
	(Mountain)		From	То	
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	Phone number	Occupation		
		(street, city, state, zip code)	(include area			
			code)			
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.

2765 NW Lolo Drive, Bend, OR 97703 www.mbsef.org mbsef@mbsef.org 541-388-0002 office