

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

Alpine | Nordic | Freeride Snowboard | Freeride Ski | Cycling



EMPLOYMENT APPLICATION

Last Name: _____ First: _____ MI: _____	Date of application: _____
Street Address: _____	Work desired: _____
City: _____ State: _____ Zip Code: _____	Social Security #: _____
Email: _____	Cell Phone: _____
COACHING OPTIONS:	<i>Check box if you:</i>
Alpine: <input type="checkbox"/> Nordic: <input type="checkbox"/> Freeride Ski: <input type="checkbox"/> Freeride Snowboard: <input type="checkbox"/>	Alpine <input type="checkbox"/> Nordic <input type="checkbox"/>
Mountain Biking: <input type="checkbox"/>	Freeride Snowboard: <input type="checkbox"/>
Full-time: <input type="checkbox"/> Part-Time: <input type="checkbox"/> Ages: 7-12 <input type="checkbox"/> Ages: 13-21 <input type="checkbox"/>	Freeride Ski: <input type="checkbox"/>
<i>Check Weekend Days Available:</i>	Mountain Biking: <input type="checkbox"/>
Saturday Only: <input type="checkbox"/> Sunday Only: <input type="checkbox"/> Saturday & Sunday: <input type="checkbox"/>	
RACE CREW: <input type="checkbox"/> OTHER: <input type="checkbox"/>	

**If you are being rehired from the previous season skip to bottom of page 2, sign and date.
New employees fill out information below.**

Have you ever worked for MBSEF or Mt. Bachelor Ski Area in the past? Yes No

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 #: _____ Brief description of job duties: _____

Supervisor Name: _____ Phone #: _____ 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 #: _____ Brief description of job duties: _____

Supervisor Name: _____ Phone #: _____ Dates worked: From _____ to _____

Reason for leaving: _____

Certification History (Alpine Ski, Freeride Ski, Freeride Snowboard, Nordic, Cycling)

Discipline(s): _____

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

Racing

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

Coaching

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

Race Crew

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

USSCA Certification

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

PSIA Certification

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

Other Certification

Location (Mountain): _____ Level: _____ Dates: _____ Head Coach: _____

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: _____ Occupation: _____

Street address: _____ Phone #: _____

Name: _____ Title/relationship: _____ Occupation: _____

Street address: _____ Phone #: _____

May we contact your present employer? Yes No

All applicants both new and returning please sign and date below.

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 organization's service, if employed. I further understand that my employment is at-will, and may be terminated by me or MBSEF at any time, for any reason. I understand that MBSEF is a DRUG FREE Foundation and all new and returning employees must complete a SafeSport Certification.

Date: _____ **Signature:** _____

MBSEF

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