



HR Office use Only
Application # _____
Screening Interview ___/___/___
Second Interview ___/___/___
Eligible for rehire?
<input type="checkbox"/> yes <input type="checkbox"/> no

Application for Employment

PLEASE PRINT

Position(s) applying for: 1st Choice: _____ Date of Application: ___/___/___

2nd Choice: _____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other

Are you related to a current **sundance** employee? yes no If yes, Employee's Name: _____

Relationship: _____ Position held at **sundance resort**: _____

Name

Last First Middle

Address

Street City State Zip Code

Telephone Number (day) () - Social Security Number - -

Telephone Number (eve) () - Email Address @

I am interested in receiving information about upcoming Sundance events and specials via email. I would like to receive feedback on my application status via email.

What is the best time to contact you at home? Morning Afternoon Evening

May we contact you at work yes no Work number () - Best time to contact you at work? _____

Are you 16 years of age or older? yes no Are you 18 years of age or older? yes no

Have you filed an application here before: yes no If yes, give date: ___/___/___

Have you been employed by **sundance resort**? yes no If yes, From: ___/___/___ To: ___/___/___

Date available for work? ___/___/___ Under what name were you employed? _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Internship

Will you relocate if job requires it? yes no Will you travel if job requires it? yes no

Will you work overtime if required? yes no

Have you been convicted of a felony in the last seven (7) years? yes no

(such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

Employment History

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Please explain any gaps in employment in comments section below. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Employer Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
	Hourly Rate/Salary		
Reason For Leaving	Starting		
	Final		
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later	\$	Per	

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	Hourly Rate/Salary		
Reason For Leaving	Starting		
	Final		
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later	\$	Per	

Availability to Work

Please indicate the times you are available to work each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Comments (including explanation of any gaps in employment)

Educational Background

A. List last three (3) schools attended, *starting with the most recent one*, B. List telephone number of school, C. List number of years completed, D. Indicate degree or diploma earned, if any, E. Grade Point Average or Class Rank and F. Major and minor field of study if applicable.

A. School	B. Phone #	C. # Years Completed	D. Degree/ Diploma	E. GPA/ Class Rank	F. Major/ Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three Professional references to whom you did not directly report.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

Skills and Qualifications acquired from employment or other experience that qualify you to work with our company.

List special accomplishments, publications, awards.

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Sundance reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give Sundance the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. Sundance is an Equal Opportunity Employer.

Sundance does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I attest, under penalty of perjury, that I am a citizen or national of the United States, a lawful permanent resident, or an alien authorized to work in the United States and can provide proof of such status at time of hire.

Name of Applicant (Please Print)

Signature of Applicant

Date: ____ / ____ / ____