



SNOWMASS CLUB

Application for Employment

We are an Equal Opportunity Employer and comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law. Nor will any information obtained in response to any question be used in violation of any such law.

PLEASE PRINT – ALL FIELDS REQUIRED

Section 1: Personal Information						
Date of Application:						
Name (First, MI, Last):						
Primary Phone Number:	()	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile			
Alternate Phone Number:	()	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile			
E-mail Address:						
Current Address (Street, City, State, Zip):						
Section 2: General Information						
Position Applying For:			Desired Pay Rate:		\$	
Referral Source: If you were referred by an existing employee, please provide his/her name & relationship.						
Name: _____		Relationship: _____				
<i>You <u>must</u> write the referring employee's name above in order for him/her to be eligible for a referral bonus (provided all conditions of the Referral Program are met).</i>						
If you were not referred by an existing employee, how did you <u>first</u> learn of this position?						
<input type="checkbox"/> Newspaper Ad (Name: _____)		<input type="checkbox"/> Recruiter Contacted Me				
<input type="checkbox"/> Website		<input type="checkbox"/> Internet job board (Name: _____)				
<input type="checkbox"/> Temp Agency		<input type="checkbox"/> Other: _____				
Have you previously worked for Snowmass Club?			<input type="checkbox"/> Yes (Dates: _____)		<input type="checkbox"/> No	
If hired, can you verify your legal right to work in the U.S.?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(NOTE: We participate in E-Verify and will confirm each new employee's eligibility to work with the SSA/DHS)						
Have you reached your 18 th birthday?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you employed now?			<input type="checkbox"/> Yes (Date Available for Work: _____)		<input type="checkbox"/> No	
May we contact your present employer?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Availability (Check All That Apply):						
<input type="checkbox"/> Year-Round		<input type="checkbox"/> Seasonal (Months Available: From _____ To _____)				
<input type="checkbox"/> Sunday Hours: _____	<input type="checkbox"/> Monday Hours: _____	<input type="checkbox"/> Tuesday Hours: _____	<input type="checkbox"/> Wednesday Hours: _____	<input type="checkbox"/> Thursday Hours: _____	<input type="checkbox"/> Friday Hours: _____	<input type="checkbox"/> Saturday Hours: _____
Please note any seasonal or special schedule requests/limitations here:						
<i>Any change to your availability listed above must be provided to Management in writing. There is no guarantee that these requests can be accommodated.</i>						

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Section 3: Past & Present Employment

Please list your present/most recent employer first.

Please attach a résumé if available.

1. Employer Name & Location (City, State, Zip):					
Dates Employed		Position Title:	Pay Rate: <i>(include <u>all</u> compensation)</i>		
From (mm/yy):	To (mm/yy):				
Reason for Leaving:					
Name & Title of Immediate Supervisor:		Supervisor's Contact Information (Phone & E-mail):			
May we contact this Employer? <input type="checkbox"/> Yes or <input type="checkbox"/> No		If no, provide reason:			
2. Employer Name & Location (City, State, Zip):					
Dates Employed		Position Title:	Pay Rate: <i>(include <u>all</u> compensation)</i>		
From (mm/yy):	To (mm/yy):				
Reason for Leaving:					
Name & Title of Immediate Supervisor:		Supervisor's Contact Information (Phone & E-mail):			
May we contact this Employer? <input type="checkbox"/> Yes or <input type="checkbox"/> No		If no, provide reason:			
3. Employer Name & Location (City, State, Zip):					
Dates Employed		Position Title:	Pay Rate: <i>(include <u>all</u> compensation)</i>		
From (mm/yy):	To (mm/yy):				
Reason for Leaving:					
Name & Title of Immediate Supervisor:		Supervisor's Contact Information (Phone & E-mail):			
May we contact this Employer? <input type="checkbox"/> Yes or <input type="checkbox"/> No		If no, provide reason:			
Additional Employment-Related Information					
<i>List any employees or Club Members that you are related to below</i>					
Name		Relationship		Position Title or Member	

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Section 4: Education/Training

School Type	Name of School	Course of Study	Years Completed	Did You Graduate?	Diploma, Degree or Certification
High School				Yes / No	
Vocational/ Trade School				Yes / No	
College or University				Yes / No	
Other				Yes / No	

List any other education, training, special skills, or certificates/licenses that you possess which are relevant to the position for which you have applied:

List any machines or equipment for which you are qualified and/or with which you have experience which are relevant to the job for which you have applied:

Personal References: Please list the name, relationship, number of year acquainted, and phone number of three personal references. (No relatives)

Name	Relationship	Years Acquainted	Phone number

Alternative Dispute Resolution Policy

IT IS COMPANY POLICY TO USE ALTERNATIVE DISPUTE RESOLUTION OR "ARBITRATION" TO RESOLVE THOSE RARE EMPLOYMENT DISPUTES THAT MAY ARISE BETWEEN EMPLOYER AND EMPLOYEE THAT CANNOT BE RESOLVED THROUGH THE NORMAL IN-HOUSE DISPUTE RESOLUTION PROCESS. AS A CONDITION OF YOUR EMPLOYMENT WITH US, YOU MUST AGREE TO BE BOUND BY OUR ARBITRATION POLICY AND WILL BE ASKED TO SIGN AN AGREEMENT TO THIS EFFECT. THE HUMAN RESOURCES OR LEGAL DEPARTMENTS CAN ANSWER SPECIFIC QUESTIONS YOU MAY HAVE ON OUR ARBITRATION POLICY.

Release & Privacy Statement

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION OR OMISSION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND SEPARATION FROM ABA-SNOWMASS, LLC. (THE COMPANY) SERVICE IF I HAVE BEEN EMPLOYED. FURTHERMORE, I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE COMPANY RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE.

I UNDERSTAND ALSO THAT THE COMPANY REQUIRES CERTAIN INFORMATION ABOUT ME IN ORDER TO EVALUATE MY QUALIFICATIONS FOR EMPLOYMENT AND MY CAPABILITY TO CONDUCT ITS BUSINESS IF I BECOME AN EMPLOYEE OR CONTINUE AS AN EMPLOYEE. THEREFORE, I AUTHORIZE THE COMPANY TO CHECK PAST EMPLOYMENT, EDUCATIONAL CREDENTIALS, CREDIT RECORDS AND ALL OTHER ASPECTS OF MY BACKGROUND RELEVANT TO MY PROPOSED EMPLOYMENT. IN SOME INSTANCES, THE COMPANY MAY PERFORM CRIMINAL BACKGROUND CHECKS ON EMPLOYEES BECAUSE OF THE NATURE OF THEIR JOB DUTIES. PLEASE BE ADVISED THAT WE MAY PERFORM SUCH A CHECK ON YOU AS PART OF THE APPLICATION PROCESS OR AT THE COMMENCEMENT OF ANY EMPLOYMENT RELATIONSHIP. I AGREE TO COOPERATE IN SUCH INVESTIGATIONS, AND RELEASE THOSE PARTIES SUPPLYING SUCH INFORMATION TO THE COMPANY FROM ALL LIABILITY OR RESPONSIBILITY WITH RESPECT TO INFORMATION SUPPLIED. I UNDERSTAND ALSO THAT AS PART OF THE APPLICATION PROCESS WITH TOLL GOLF, I WILL BE SUBJECT TO A 5-PANEL DRUG SCREEN. IF I PROVIDE A SAMPLE THAT IS CONFIRMED POSITIVE FOR ILLEGAL DRUGS, CHOOSE NOT TO COMPLETE THE DRUG SCREEN OR PROVIDE A DILUTED OR OTHERWISE TAMPERED-WITH SAMPLE I UNDERSTAND THAT I WILL BE IMMEDIATELY DISQUALIFIED FROM EMPLOYMENT CONSIDERATION.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE, NOT EXCEEDING \$100.

Signature of Applicant

Date