



Mount St. Louis Moonstone Ski Resort Ltd.

Employment Application

24 Mount St. Louis Road, RR#4
Coldwater, Ontario L0K 1E0
mslm@mslm.on.ca

(705) 835 2112 Phone
(705) 835 2831 Fax
(877) 835 2112 Toronto Toll Free

www.mountstlouis.com

We are looking for people who work well within a team environment, to provide the greatest Skiing and/or Snowboarding experience in Ontario. We ask that you completely fill out this form and **print** neatly.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

EDUCATION:

Last School, College or University Attended: _____

Type of Certificate, Diploma or Degree Received: _____

Other Licences, Diplomas, Degrees or Certificates: _____

EMPLOYMENT HISTORY: (List in order of most recent employer first)

1. Company: _____ Address: _____

Business Phone: (____) _____ Position: _____

Employment Dates: _____ Rate of Pay: _____

Reason for Leaving: _____

2. Company: _____ Address: _____

Business Phone: (____) _____ Position: _____

Employment Dates: _____ Rate of Pay: _____

Reason for Leaving: _____

3. Company: _____ Address: _____

Business Phone: (____) _____ Position: _____

Employment Dates: _____ Rate of Pay: _____

Reason for Leaving: _____

REFERENCES:

List two (2) people you have worked with and whom we may contact for references, which are not relatives.

Last Name: _____ First Name: _____

Phone Number: (____) _____ Cell Number: (____) _____

Last Name: _____ First Name: _____

Phone Number: (____) _____ Cell Number: (____) _____

GENERAL INFORMATION:

1. Please indicate employment preference:

a. Seasonal Year Round

b. Part Time Full Time Available Start Date: _____ (d/m/y)

2. Please indicate 1st, 2nd & 3rd choice you wish to apply for:

Office Guest Services Food Services Janitorial Ticket Sales

Lift Operations Snowmaking Rental Shop Ski Patrol

Snow School ⇌ CSIA CSCF CASI Alliance # _____

Other (specify) _____

3. Have you worked at Mount St. Louis Moonstone before? No Yes When? _____

4. Are you legally eligible to work in Canada? Yes No

5. Have you had any WHMIS Training? Yes No

IMPORTANT – We are glad you are interested in joining the Mount St. Louis Moonstone Family. Please read the following statements carefully before you sign and return this application.

Please Initial

1. The Company is considering my application for employment and may verify the information set forth on this application and obtain additional background information relating to me. I authorize all persons, schools, companies, corporations, credit bureau, law enforcement agencies and doctors to supply any information concerning my background. I have read, understood, and agree to this statement.
2. I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment, or if employed, my dismissal for just cause. I have read, understood, and agree to this statement.
3. On the first day of employment, I agree to furnish Mount St. Louis Moonstone proof of my age, Social Insurance number, all pertinent bank information in order that I am paid by way of direct deposit, and other such documents that may be required. I have read, understood, and agree to this statement.
4. I acknowledge and agree by my signature below that the following are conditions of my employment with the Company, and should the Company make me an offer of employment and should I accept such offer, I here accept and agree to be bound by such conditions:
 - a) I understand that the first ninety (90) calendar days (full time), sixty (60) working days (part time), or thirty (30) days for seasonal will be the period for which I will be classified as a probationary employee.
 - b) I understand that my employment may be terminated by either party at anytime, for any reason without notice during this probationary period.

Signature: _____ Date : _____ (d/m/y)

FOR OFFICE USE ONLY:

Department: _____ Seasonal Year Round Part Time Full Time

Position: _____ Start Date: _____ (d/m/y)

Comments: _____

Supervisor's Signature: _____ Date: _____ (d/m/y)