

SISU Ski Fest Race Administrator Application

Date _____ Email _____ Social Security/Insurance Number _____ - _____ - _____

Name _____

Last
First
Middle
Preferred Name

Current Address _____

Number and Street
City, State/Province, Zip/Postal Code

Previous Address (if current address is less than 5 years) _____

Home Phone # _____ Work Phone # _____

Have you ever entered a plea of guilty to, been convicted of, or forfeited bond in relation to a felony or any dishonest act?
 Yes No

Date available for work _____

Education and Training

High School Name	Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA

List Business Schools, Trade Schools, and Colleges attended	Location	Dates Attended (From-To)	Date you did/will graduate	College Major	Degree Received	Grade Point Average

Work History Data

List most recent employer first. Include part-time employment.

Employment Dates		Company and Address	Position or Type of Work	Salary	Immediate Supervisor	Reason for Leaving
From	To					

Describe duties performed in above listed work experience.

Skills

Other Languages (list below)

Computer Skills (list below)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe any additional job-related experiences, licensing, special skills or knowledge, which would be helpful in considering you for employment.

List any Social Networking sites you are active in, and what is your name that you use to access the sites?

References

Give the names and addresses of two individuals, not related, who know you well and to whom we may refer.

Name	Address	Phone Number	Occupation

The information I have provided is complete and accurate to the best of my knowledge.

I authorize contact to:

- *My previous employers*
- *The schools I attended*
- *The personal references I have listed*

I also authorize this organization to make other investigation of my personal, financial, or credit background (including) obtaining a credit report (also known as a “consumer report” under the Fair Credit Reporting Act/Consumer Reporting Act) for the purpose of evaluating my qualifications for candidate screening. This authorization extends for twelve (12) months from today’s date.

Applicant’s Signature _____ Date _____