

Please complete the employment application, and fax or mail to:

Skinny Skis, Inc.
P.O. Box 3610
Jackson, WY 83001

Telephone: 307.733.6094
Fax: 307.733.6093

Skinny Skis/Moosely Seconds – Application for Employment

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Hours preferred:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			Hours Per Week
			Last Salary
			Supervisor
			Reason For Leaving
Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Number Employees Supervised	To (Month/Year)
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			Last Salary
			Supervisor
			Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____

Date

Lastly, please attach a letter explaining why you wish to work at Skinny Skis (or Moosely Seconds).