

Application for Employment

Please submit this application with a copy of your resume.

Lone Mountain Ranch is an equal opportunity employer and is proud to provide its employees with a non-smoking work environment.

This page has been formatted to be printed from your web browser. Please fill out the printed application form, include a current rĒsumĒ and mail both to the address shown above.

Foreign applicants, click [here](#) for further information.

Name

Please Print	Last	First	Middle
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Address

Street	City	State	Zip
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Home Phone

Work Phone

May we contact you at work?

Yes No

Best time to call

Social Security Number

Email Address:

Are you legally eligible for employment in this country? Yes No
(By law you must submit proof of US citizenship or documentation for legally working in the US.)

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:

Position desired:

Beginning:

Ending:

Normal dates for seasonal employment. Each season's dates can change due to weather and bookings.

Summer Season May 15 - June 1 to Oct 15	Winter Season Dec 1 to April 1	Youth Program June 1 to Sept 1
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Committing to work for the entire season greatly increases your opportunity for being hired.

How did you hear about Lone Mountain Ranch? (Please check as many as apply.)

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Relative Walk-in
<input type="checkbox"/> Employee	<input type="checkbox"/> Private Employment Agency	
<input type="checkbox"/> Other		

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer (1)	Telephone ()
Address	Dates Employed From: To:
Employer Email Address	
Supervisor & Title	Pay: Weekly Hourly Monthly Starting: Final:
Job Title & Responsibilities	May we contact for reference? Yes No Later
Reason(s) for leaving?	

Employer (2)

Telephone
()

Address

Dates Employed
From: To:

Employer Email Address

Supervisor & Title

Pay: Weekly Hourly Monthly
Starting: Final:

Job Title & Responsibilities

May we contact for reference?
Yes No Later

Reason(s) for leaving?

Employer (3)

Telephone
()

Address

Dates Employed
From: To:

Employer Email Address

Supervisor & Title

Pay: Weekly Hourly Monthly
Starting: Final:

Job Title & Responsibilities

May we contact for reference?
Yes No Later

Reason(s) for leaving?

Employer (4)

Telephone
()

Address

Dates Employed
From: To:

Employer Email Address

Supervisor & Title

Pay: Weekly Hourly Monthly
Starting: Final:

Job Title & Responsibilities

May we contact for reference?
Yes No Later

Reason(s) for leaving?

Educational Background

College or Vo-tech Training

Name and Location

Course of study

Did you graduate? Degree/Diploma
Yes No

Other special training or certification:

Name and Location

Course of study

Did you graduate? Degree/Diploma/Certificate
Yes No

High School

Name and Location

Course of study

Did you graduate? Degree/Diploma
Yes No

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

References

List name and telephone number of three business/work references who are not related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone ()	Years Known
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Email Address

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

Email Address

Name	Telephone ()	Years Known
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Email Address

this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, 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.

I understand that the Lone Mountain Ranch requires me to attend Safety Training and to abide by the Safety Rules, and safe work habits as a condition of my employment. I understand that my continued employment is contingent upon attending additional work training, as determined by my employer, and contingent upon attending yearly safety training and abiding by the work habits required by such training.

I understand that no job title, or job description is considered exclusive of other tasks that my supervisor may require of me during the course of my work.

I understand that just as I am free to resign at any time, the employer 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 understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

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.

Signature of _____ Date _____
Applicant: _____

Release Authorization

ADP Screening and Selection Services _____

Customer Number _____

Applicant Complete the Following:

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will included information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references

2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. **If you want a copy of the report(s) ordered, check this box:** The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ADP Screening and Selection Services from Avert or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please Print:

 Full Name

 Other names you may have used

 Home Address

 City

State

 Zip Code

Social Security Number

Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

Male Female

Asian Black Hispanic White Other

Drivers License Number

State Issuing License

Name as it appears on license

Signature

Today's Date

Please mail or fax application to:
Box 160069 Big Sky, MT 59716
Phone 800-514-4644 FAX 406-995-4670

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