



# Mount St. Louis Moonstone Ski Resort Ltd.

## Employment Application

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Coldwater, Ontario L0K 1E0  
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[www.mountstlouis.com](http://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 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> 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)