

***PFSA APPLICATION  
FOR EMPLOYMENT***



# AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

## EMPLOYMENT POLICY

It is the policy of Pennsylvania Freestyle Ski Association (PFSA) to provide employment without regard to race, color, religion, national origin, ancestry, sex, non-job-related disability, veteran status or age.

All offers of employment are contingent upon the applicant's passing a preemployment physical examination including a drug screen. Further, the applicant must provide proof of eligibility to work in the United States.

## APPLICATION PROCESS

Please fill out completely and accurately. Falsification or misinformation may cause your rejection for employment or your discharge after employment.

Your original birth certificate, social security card, military separation papers (DD form 214), diplomas, transcripts and personal identification, such as a driver's license with a photograph or any other state issued identification document, may be requested during the application process and required on or before the date of hire, if you are accepted for employment.

Please type or print clearly using black ink or ball point pen.

PERSONAL DATA			
Name: Last:		First	Middle
			Social Security Number:
Address:		City:	State: Zip Code:
Home Telephone Number: ( )		Cellular Telephone Number: ( )	Work Telephone Number: ( )
Former Name(s) Used:		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a United States Citizen or do you have a valid work permit to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of or pleaded guilty to a crime other than a misdemeanor or summary offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes describe in full including dates:			

# PREVIOUS EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED?

YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES  NO

Begin with your MOST RECENT JOB.

List all jobs and any periods of unemployment. If not previously employed, please check block. ⇨

FIRM OR EMPLOYER'S NAME	PERIOD OF EMPLOYMENT FROM MO. YR.	TO MO. YR.	JOB NAME OR TITLE
ADDRESS WHERE EMPLOYED			DEPARTMENT
CITY WHERE EMPLOYED STATE ZIP CODE	RATE OF PAY \$ PER		SUPERVISOR
BRIEFLY DESCRIBE YOUR JOB FUNCTIONS AND WORK EXPERIENCE			
REASON(S) FOR LEAVING OR CHANGE			

UNEMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_ Your address: \_\_\_\_\_

FIRM OR EMPLOYER'S NAME	PERIOD OF EMPLOYMENT FROM MO. YR.	TO MO. YR.	JOB NAME OR TITLE
ADDRESS WHERE EMPLOYED			DEPARTMENT
CITY WHERE EMPLOYED STATE ZIP CODE	RATE OF PAY \$ PER		SUPERVISOR
BRIEFLY DESCRIBE YOUR JOB FUNCTIONS AND WORK EXPERIENCE			
REASON(S) FOR LEAVING OR CHANGE			

UNEMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_ Your address: \_\_\_\_\_

FIRM OR EMPLOYER'S NAME	PERIOD OF EMPLOYMENT FROM MO. YR.	TO MO. YR.	JOB NAME OR TITLE
ADDRESS WHERE EMPLOYED			DEPARTMENT
CITY WHERE EMPLOYED STATE ZIP CODE	RATE OF PAY \$ PER		SUPERVISOR
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BRIEFLY DESCRIBE YOUR JOB FUNCTIONS AND WORK EXPERIENCE			
REASON(S) FOR LEAVING OR CHANGE			

UNEMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_ Your address: \_\_\_\_\_

SUPPLEMENTAL SHEETS ARE AVAILABLE IF NEEDED.

## EDUCATION AND TRAINING

Please furnish complete addresses in all cases.

EDUCATION	SCHOOL NAME (COMPLETE ADDRESS)	COURSE OF STUDY OR MAJOR	DEGREE / CERTIFICATE GRANTED
HIGH SCHOOL OR G.E.D.			
TRADE SCHOOL OR BUSINESS COLLEGE			
COLLEGE			
GRADUATE SCHOOL			
OTHER			

## U. S. MILITARY SERVICE

Have you served in the U. S. Military?  YES  NO If yes please, list service and branch:

RANK OR RATE AT DISCHARGE:

DUTIES IN MILITARY:

PRESENT MILITARY OBLIGATION (RESERVE OR NATIONAL GUARD):

## PERSONAL REFERENCES

Do you have any relatives who work or worked for PFSA? If yes, please provide name(s) and relationships:

No  Yes  Name(s) \_\_\_\_\_

Please list three individuals who have known you for at least two years and whom we may contact.  
Do not list former employers or relatives.

NAME:	TELEPHONE NUMBER:
ADDRESS: CITY: STATE: ZIP CODE:	
OCCUPATION:	YEARS ACQUAINTED:
NAME:	TELEPHONE NUMBER:
ADDRESS: CITY: STATE: ZIP CODE:	
OCCUPATION:	YEARS ACQUAINTED:
NAME:	TELEPHONE NUMBER:
ADDRESS: CITY: STATE: ZIP CODE:	
OCCUPATION:	YEARS ACQUAINTED:

## ADDITIONAL BACKGROUND INFORMATION

List any information you feel might favorably affect consideration of your application. You may list professional organizations, extra-curricular school activities, special qualifications, professional licenses, etc.

## APPLICANT AUTHORIZATION (read carefully)

My signature below indicates that I have read, understand and agree to the following:

- a. I hereby certify that the information I have provided in this employment application is true, correct and complete to the best of my knowledge. I understand that the discovery of any false information provided, or any relevant information omitted (no matter when discovered) shall be sufficient cause for the termination of my employment.
- b. I authorize and instruct PFSA, or its authorized agent, to make whatever inquiries it deems necessary of any person or organization to verify any of the information I have provided in this application and to determine my qualifications and abilities. I understand that this may include a check of my criminal history record with appropriate state and local law enforcement agencies.
- c. I understand and agree that where appropriate for the job for which I am being considered, my employment may be contingent upon satisfactory completion of an investigation and/or report made by PFSA and/or its authorized agent. Such investigation may include interviews with third parties, such as family members, business associates, prior employers, schools attended, friends, neighbors, personal references, or others with whom I have been acquainted.
- d. I release all persons and/or organizations from any and all liability which might arise in connection with their provision of information to PFSA to supplement or to verify information provided by me on or in connection with my application for employment.
- e. If employed, I agree to abide by the policies and procedures of the PFSA, to obey safety and work rules and to conduct myself in a manner that conforms to the rules, regulations and standards of conduct required by PFSA employees.
- f. I agree to submit to and understand that any offer of employment is contingent upon my satisfactory completion of, any physical, including a drug screen, and/or other examination(s), if required by PFSA in connection with my application for employment, or at any time during the course of my employment. I further agree and understand that I may be fingerprinted, investigated and required to provide certain personal information, including information concerning my criminal and credit history, when necessary for security / safety clearance or bonding for any job for which I am being considered.
- g. I understand and agree that my employment is at-will and can be terminated with or without cause, with or without notice, at any time, at the option of either PFSA or myself, subject to the terms of the collective bargaining agreement if applicable. I further understand and agree that no personnel recruiter or interviewer, or any other representative of PFSA, can enter into an employment agreement for any period of time, and the only persons with authority to enter into such an agreement are the President or other Officer of PFSA by signed writing.
- h. I understand and agree that an offer of employment may be withdrawn, as can my acceptance of such an offer, for any reason, at any time.

APPLICANT'S SIGNATURE:

DATE:

PRINTED: