



ALTA'S RUSTLER LODGE

P.O. BOX 8030 ALTA, UTAH 84092 Ph. (801) 742-2200



DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
First Middle Last

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE # (DAYS): _____ (P.M.'S/WEEKENDS): _____

E-MAIL ADDRESS: _____

AGE OVER 21 YEARS: YES: _____ NO: _____

HEALTH CONSIDERATIONS _____

DO YOU OWN A CAR? Y N

POSITION DESIRED: _____
first second third

F/T _____ P/T _____ LIVE IN _____ LIVE OUT _____

Have you previously been employed at Alta's Rustler Lodge? Y N

Do have any friends or relatives employed at Alta's Rustler Lodge? Y N

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

I am available to work from December 1st until Mid-APRIL. Y N

If NO, please indicate other dates:

EDUCATION: City & State Diploma/Degree Last
School Y N Attended

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

SPECIAL TRAINING/SKILLS _____

EMPLOYMENT HISTORY (start with most recent job and work back)

EMPLOYER _____ CITY, STATE _____
PHONE NUMBER _____ SUPERVISOR'S NAME _____
FROM _____ TO _____ JOB TITLE _____
JOB DESCRIPTION _____
Reason for leaving _____ Are you eligible for rehire? Y N

EMPLOYER _____ CITY, STATE _____
PHONE NUMBER _____ SUPERVISOR _____
FROM _____ TO _____ JOB TITLE _____
JOB DESCRIPTION _____
Reason for leaving _____ Are you eligible for rehire? Y N

EMPLOYER _____ CITY, STATE _____
PHONE NUMBER _____ SUPERVISOR _____
FROM _____ TO _____ JOB TITLE _____
JOB DESCRIPTION _____
Reason for leaving _____ Are you eligible for rehire? Y N

REFERENCES (other than relatives or past employers we may contact):

Name	Address	Telephone Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SPECIAL INTERESTS: _____

IN CASE OF EMERGENCY WE SHOULD CONTACT:

Name: _____ Phone: _____

I represent the information on this application to be truthful and accurate. I understand that falsification of information on this application or on resume if provided or during interview process may result in termination of employment.

Applicant's Signature: _____ Date: _____

(Please sign and return both Application and Equal Employment and Drug Test Consent forms.)

**FOR OFFICE USE ONLY:
COMMENTS:**

HIRED FOR: _____ **HIRED BY:** _____
START: _____ **DATE:** _____
STOP: _____ **ARRIVE IN ALTA :** _____
L/I L/O EMP HOUSE _____
NO SNOW POLICY EXPLAINED _____