

Marmot Mountain Works

EMPLOYMENT APPLICATION

An Equal Opportunity Employer. This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application. Please indicate below for which location you are applying for employment.



APPLICANT INFORMATION:

Name: <small>FIRST</small> _____ <small>MIDDLE INIT.</small> _____ <small>LAST</small> _____			Home Phone: _____
Address: <small>STREET</small> _____			Day Phone: _____
<small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP</small> _____			Other Phone: _____
Can you, if employed, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			E-Mail Address: _____
Have you ever been convicted of a felony? (NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.) <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES" above, please explain? _____			

EMPLOYMENT INTERESTS:

Position or Type of Employment Desired: _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	Desired Starting Salary Range: _____
What interests you about working at Marmot? _____		

Have you been employed by Marmot Mountain Works previously? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, when & where? _____

AVAILABILITY FOR WORK:

Please indicate when you are available to work:	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
	MORNINGS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AFTERNOONS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EVENINGS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the minimum number of hours you would like to work per week? _____				What is the maximum? _____			
Do you have any major trips planned for the coming 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO				If "YES", when and for how long? _____			

OUTDOOR INTERESTS & SKILLS:

Please give a brief description of your proficiency in, and understanding of each of these outdoor activities.

Climbing/Mountaineering: _____

Telemark/Randonnee Skiing: _____

Nordic Skiing: _____

Camping/Backpacking: _____

Canoeing/Kayaking: _____

Other: _____

EDUCATION:

SCHOOL NAME:	LOCATION:	FROM: (MTH/YR)	TO: (MTH/YR)	DID YOU GRADUATE?	MAJOR/MINORS:	GPA:	DEGREE:
High School:				<input type="checkbox"/> YES <input type="checkbox"/> NO			
College:				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Please list any additional job-related training you have received. _____

Do you plan to return to school? If YES, when and where? _____ Full-time , Part-time , or Seasonal ?

EMPLOYMENT HISTORY:

Current/Most Recent Employer:	Phone:	Position Held:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
STREET		Period Employed:	
Address of Employer:		CITY	STATE ZIP
		STARTING	ENDING
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving or Considering Change:	
Description of Responsibilities: _____			

Next Previous Employer:	Phone:	Position Held:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
STREET		Period Employed:	
Address of Employer:		CITY	STATE ZIP
		STARTING	ENDING
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving:	
Description of Responsibilities: _____			

Next Previous Employer:	Phone:	Position Held:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
STREET		Period Employed:	
Address of Employer:		CITY	STATE ZIP
		STARTING	ENDING
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving:	
Description of Responsibilities: _____			

Next Previous Employer:	Phone:	Position Held:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
STREET		Period Employed:	
Address of Employer:		CITY	STATE ZIP
		STARTING	ENDING
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving:	
Description of Responsibilities: _____			

DECLARATION OF APPLICANT:

I understand that all positions at Marmot Mountain Works / Backpackers Supply are "at-will", which means that, just as an employee would be free to resign at any time for any reason, the employer would also have the right to terminate employment at any time, with or without cause, and without prior notice.

I certify that the information supplied by me in this application is true and correct without consequential omissions. I understand that, if employed, omissions, or false statements on this application or during any interviews may result in dismissal.

I authorize Marmot Mountain Works / Backpackers Supply to investigate all statements on this application and to secure job-related information about me from the employers and educational institutions which I have provided. I hereby release from any and all liability the employer and it's representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I acknowledge that I have read and understand the preceding statement.

SIGNATURE OF APPLICANT

DATE