

AVAILABILITY Circle the hours & days you will be available for the ENTIRE season.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 am	9 am	9 am	9 am	9 am	9 am	9 am
10 am	10 am	10 am	10 am	10 am	10 am	10 am
11 am	11 am	11 am	11 am	11 am	11 am	11 am
12 pm	12 pm	12 pm	12 pm	12 pm	12 pm	12 pm
1 pm	1 pm	1 pm	1 pm	1 pm	1 pm	1 pm
2 pm	2 pm	2 pm	2 pm	2 pm	2 pm	2 pm
3 pm	3 pm	3 pm	3 pm	3 pm	3 pm	3 pm
4 pm	4 pm	4 pm	4 pm	4 pm	4 pm	4 pm
5 pm	5 pm	5 pm	5 pm	5 pm	5 pm	5 pm
6 pm	6 pm	6 pm	6 pm	6 pm	6 pm	6 pm
7 pm	7 pm	7 pm	7 pm	7 pm	7 pm	7 pm
8 pm	8 pm	8 pm	8 pm	8 pm	8 pm	8 pm
9 pm	9 pm	9 pm	9 pm	9 pm	9 pm	9 pm
10 pm	10 pm	10 pm	10 pm	10 pm	10 pm	10 pm
				11 pm	11 pm	11 pm
				12 pm		
				1 am		
				2 am		
				3 am		

Explanation of hours: _____

What qualifications do you possess? _____

Have you ever applied for work at TROLLHAUGEN before? _____ If yes, when? _____

Have you worked for TROLLHAUGEN? _____ If yes, when? _____ What Department? _____

Did you finish the season? _____ If no, why did you not complete the season _____

Do you have a dependable car for transportation? _____ Do you have a valid driver's license? _____

Have you ever been fired or asked to leave a job? _____ If yes, explain: _____

FORMER EMPLOYERS - Please give accurate & complete information regarding present & previous fulltime & part-time employment - including military service

Employment	Name & Address	Dates From To	Job and Duties	Name & Phone No.	Monthly Pay	Reason for Leaving
Present To Last						
Next Previous						
Next Previous						
Next Previous						
U.S. Military	Branch		Highest Rank	Duty Specialty		Date Discharged

REFERENCES - Please give names & address of 3 people who know you well and to whom we may refer - no relatives!

Name	Address	Phone No.	Years Known	Occupation

I AUTHROIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I HEREBY AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508, AND I UNDERSTAND THAT SUCH REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON WRITTEN REQUEST. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES OF THIS ORGANIZATION.

EMPLOYEE SIGNATURE	DATE (Month-Day-Year)
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