

PAHASKA TEPEE RESORT

183 YELLOWSTONE HWY. * CODY, WY 82414 * (307) 527-7701 FAX (307) 527-4019

Application for Employment

We are an equal opportunity employer and we will consider applicants for all positions at Pahaska without regard to race, color, religion or gender.

(PLEASE PRINT IN INK)

Last Name _____ First Name _____ Middle Name _____

Position(s) Applied For _____ Date of Application ____/____/____

How did you learn about us? _____

Address Street Number _____ City _____ State _____ Zip Code _____

Telephone Number _____ E-mail Address _____

Social Security Number _____

(Please circle yes or no)

Are you 18 years of age or older? Yes No

Have you ever been employed by Pahaska before? Yes No

Any other business in the area? _____

Are you currently employed? Yes No

May we contact your employers listed on this application? Yes No

Can you provide social security card and an official picture ID or fulfill U.S. Government I-9 requirements? Yes No

Are you a smoker? Yes No

Have you been convicted of a felony within the last seven years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, explain _____

On what date would you be available to start work? _____ End Date? _____

EDUCATION

Name of School

Years Completed Diploma/Degree

OTHER SKILLS AND QUALIFICATIONS

Summarize your skills as they would apply and qualify you for employment at Pahaska. Include specialized skills, equipment operated, cash register experience, foreign language, computer program skills, First Aid and Firefighting Skills.

EMPLOYMENT EXPERIENCE

Start with your most recent or last job.

You must provide at least three relevant employers. You may attach resume or additional pages if necessary.

Employer _____

Address _____ City _____ State _____

Telephone Number (____) _____ - _____

Your Job Title _____ Your Supervisor's Name _____

Dates of Employment: Start ____/____/____ End ____/____/____ Wage _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____ City _____ State _____

Telephone Number (____) _____ - _____

Your Job Title _____ Your Supervisor's Name _____

Dates of Employment: Start ___/___/___ End ___/___/___ Wage _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____ City _____ State _____

Telephone Number (____) _____ - _____

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