



Glacier Ice Rink Employment Application

Last Name	First Name	Middle Initial
Social Security Number	Email Address	Phone number
Street Address	City, State	Zip Code
Are 16 years of age or older? <input type="checkbox"/> Y <input type="checkbox"/> N	Have you ever been convicted of a crime? <input type="checkbox"/> Y <input type="checkbox"/> N	Have you been employed by GIR before? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a valid driver's license? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what was the nature of the offense?	If yes, when?
Education <input type="checkbox"/> High School <input type="checkbox"/> College Degree <input type="checkbox"/> Other Training (please specify)	If you are a student, what grade are you in?	

What position are you applying for? <input type="checkbox"/> Facility Attendant (Zamboni driver) <input type="checkbox"/> Concessions Attendant <input type="checkbox"/> Skate Guard <input type="checkbox"/> Rink Attendant (cashier/customer service) <input type="checkbox"/> Other: _____	Please indicate your availability: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	Are you able to competently skate forward and backwards? <input type="checkbox"/> Y <input type="checkbox"/> N
Please list two references other than former employers or relatives that have known you for at least two years. Include name and phone number.	Reference 1:	Reference 2:
Work Experience (If Applicable)	List last four employers, starting with present or most recent.	If currently employed, may we contact your employer? <input type="checkbox"/> Y <input type="checkbox"/> N

Position #1		
Company:	Address:	Position:
Dates employed From: To:	Reason for leaving:	Starting salary: Ending salary:
Supervisor's name and phone:	Primary duties:	
Position #2		
Company:	Address:	Position:
Dates employed From: To:	Reason for leaving:	Starting salary: Ending salary:
Supervisor's name and phone:	Primary duties:	
Position #3		
Company:	Address:	Position:
Dates employed From: To:	Reason for leaving:	Starting salary: Ending salary:
Supervisor's name and phone:	Primary duties:	
Position #4		
Company:	Address:	Position:
Dates employed From: To:	Reason for leaving:	Starting salary: Ending salary:
Supervisor's name and phone:	Primary duties:	
Please list any skills and strengths you would bring to this position:		
Date of Application:	Date reviewed:	Staff Signature: