



Glacier Ice Rink Employment Application

Last Name	First Name	Middle Initial
	Email Address	Phone number
Street Address	City, State	Zip Code
Are you 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)	Highest grade level completed:	
What position(s) are you applying for? <input type="checkbox"/> Facility Attendant (Zamboni driver) <input type="checkbox"/> Guest Services Associate (cashier/customer service/skate guard) <input type="checkbox"/> Scorekeeper	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 confidently skate forward and backward? <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	Reason for leaving:	Starting salary:

From: _____ To: _____		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:		
I certify that all answers provided on this application are true and complete to the best of my knowledge. Should this application contain false information, I understand that my application may be rejected.		
Application Date	Applicant Signature	