

Job Application Form

GWYNNE VALLEY SKI AREA
Owned/Operated by the
WETASKIWIN SKI CLUB
352-3515

DATE: _____

Name: _____
Address: _____ Phone: _____
City: _____ Cell: _____
Postal Code: _____ Age: _____
Email Address: _____

Parents Name: _____

Social Insurance Number: _____ (must have a #)
If you need to apply to a S.I.N. please talk to us. We have blank forms and/or know where to send you for them.

IF YOU ARE UNDER 18, PLEASE FILL IN THE FOLLOWING

Where do you presently attend school? _____
What grade are you in presently? _____

Do you have extra-curricular activities (sports teams, music, part time job, etc.) that would interfere with the work schedule you would be given for the Ski Hill? Yes No

If yes, please list the days and/or times that you would **not** be able to work because of other committments?

Your Signature

Yours Parents Signature (If under 18)
(Please read application form through)

Applicants under 18

By the signatures on this form, we (ALL PARTIES INVOLVED) understand that you (job applicant) have been given permission to work at the ski hill and upon managements' approval of your "Job Application", you will be able to get a ride to and from work, as you are scheduled.