

# HELM OF SUN VALLEY

## Employment Application



San Jose phone: (408) 996-SNOW fax: (408) 253-2169  
 Capitola phone: (831) 462-6800 fax: (831) 462-6808

### APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Desired Wage							
Position Applied for								Winter	<input type="checkbox"/>	Summer	<input type="checkbox"/>
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorised to work in the US?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain						

Referred by:

### EDUCATION

High School				Address							
From	To	Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				
College				Address							
From	To	Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				
Other				Address							
From	To	Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				

### REFERENCES

*Please list three professional references.*

Full Name				Relationship							
Company				Phone	(		)				
Address											
Full Name				Relationship							
Company				Phone	(		)				
Address											
Full Name				Relationship							
Company				Phone	(		)				
Address											

**PREVIOUS EMPLOYMENT**

Company					Phone	( )
Address					Supervisor	
Job Title			Starting Wage	\$	Ending Wage	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone	( )
Address					Supervisor	
Job Title			Starting Wage	\$	Ending Wage	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone	( )
Address					Supervisor	
Job Title			Starting Wage	\$	Ending Wage	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**DRIVING HISTORY**

Have you had any tickets in the past 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, what is the date and infraction of the most recent ticket?		
Please comment on your driving record:		

**MATH SKILLS**

What is the sales tax in Santa Clara county or Santa Cruz county?

Calculate tax on a \$400 sale:

Total amount:

Calculate a 30% discount on a \$350 sale, and include sales tax:

Total amount:

**PERSONAL INFORMATION**

Describe in detail why you want to work for Helm of Sun Valley:

Do you ski or snowboard?

If so, describe your level of ability and how often you ski/board:

Do you own your own equipment?

If you worked at Helm would you expect to ski/board more or less?

Who makes the best ski/board equipment?

Why?

What equipment do you own?

Where did you purchase it?

What is your favorite ski/board shop?

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
CDL:		EXP:	

**AVAILABILITY**

Full time       Part time       Number of hours per week: \_\_\_\_\_

Detail your weekly availability for work:  
(consider all of your obligations and travel time)

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Please detail your Seasonal Plans:

Late October	Thanksgiving	Christmas/Hanukkah	New Year