

Little Switzerland Employment Application

Date: _____

Email to: switz@littleswitz.com

or

Mail to: 105 Cedar Creek Rd
Slinger, WI 53086



Name: _____
First Middle Initial Last

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ E-mail: _____

Are you a U.S. Citizen? Y N Gender: M F

INDICATE POSITION(S) INTERESTED IN:

Must be 18 or over for the following positions:

Ski Instructor ____

Lift Operator ____

Snowboard Instructor ____

Snowmaker ____

Guest Services ____ (includes Café, Rental, Ticketing)

Waitstaff ____

The Chalet Restaurant ____ (host, busser, dishwasher)

Kitchen Prep ____ Bartender ____ (21 and over only)

EDUCATION: High School: _____ Last grade completed: _____
College/Vocational: _____ Degree: _____ Currently enrolled? Y N

EMPLOYMENT HISTORY: Are you currently employed? Y N
If yes, list CURRENT employer: _____ City: _____
Supervisor: _____ Phone: _____
Wage: _____ Dates of employment: From _____ To: _____

PREVIOUS employer: _____ City: _____
Supervisor: _____ Phone: _____
Wage: _____ Dates of employment: From _____ To: _____

PERSONAL REFERENCE: _____ Relationship: _____
Phone number he/she can be reached: _____

PLEASE ANSWER THE FOLLOWING:

Have you worked for Little Switzerland in the past? Y N If yes, what department: _____

Have you been convicted of a crime within the past ten years, excluding traffic violations? Y N

If yes, list convictions: _____

In one sentence, please explain why you would like to work for Little Switzerland.

(OVER)

Our regular skiing season runs about mid-November thru early-March.

You are applying for a SEASONAL position during this time frame.

General work availability hours are:

(there are certain positions that work earlier and later hours)

Monday-Thursday 3:30pm-10:00pm

Friday & Saturday 9:30am-10:00pm

Sunday 9:30am-9pm

With this in mind, please indicate:

Please circle all days/shifts you are available to work:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				AM PM	AM PM	AM PM

ACTIVITIES: Please list any extra activities (including sports, school clubs, organizations) you are involved in during the winter:

Amount of time you expect to spend weekly at listed activities: _____ (best estimate)

Our busiest week during the winter season is from December 24th thru January 1st (referred to as Holiday Week).

Are you aware of any planned vacations during that week? Y N If yes, indicate dates: _____

COLLEGE STUDENTS ONLY:

Please list your dates of availability during winter break:

START DATE: _____

END DATE: _____

Planned vacations: _____

How did you hear about us?

___ Website ___ Friend/Relative

___ Facebook

___ E newsletter

___ Employee Referral

Name: _____

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT THIS APPLICATION BECOMES A PART OF MY EMPLOYMENT RECORD, AND THAT ANY FALSE INFORMATION MAY RESULT IN MY IMMEDIATE DISCHARGE.

I AUTHORIZE AN INQUIRY TO BE MADE ON THE INFORMATION CONTAINED IN THIS APPLICATION IF I AM CONSIDERED FOR EMPLOYMENT.

THE EMPLOYERS, PERSONAL REFERENCES, AND EDUCATIONAL INSTITUTIONS NAMED HEREIN ARE AUTHORIZED TO GIVE INFORMATION ABOUT ME. I HEREBY RELEASE THEM FROM ALL LIABILITY FOR ISSUING SUCH INFORMATION.

I UNDERSTAND AND ACKNOWLEDGE THAT IF ANY MISREPRESENTATION OR OMISSION OF MATERIAL FACTS HAS BEEN MADE BY ME OR THE RESULTS OF AN INVESTIGATION ARE NOT SATISFACTORY FOR ANY REASON, ANY CONSIDERATION, OFFER, OR ACTUAL EMPLOYMENT BY THE COMPANY MAY BE TERMINATED IMMEDIATELY WITHOUT OBLIGATION OR LIABILITY TO ME OTHER THAN PAYMENT AT THE RATE AGREED UPON, FOR SERVICE ACTUALLY RENDERED, FOR THE PERIOD OF TIME I WAS EMPLOYED.

I UNDERSTAND THAT I MAY BE REQUIRED TO UNDER GO BLOOD AND/OR URINALYSIS TESTING FOR CONTROLLED SUBSTANCES AS PART OF THE APPLICATION PROCESS AND AS A CONDITION FOR MY EMPLOYMENT. I FURTHER UNDERSTAND IF I TEST POSITIVE FOR A CONTROLLED SUBSTANCE, EXCEPT IN SUCH INSTANCES WHERE THE SUBSTANCE IS PRESENT PURSUANT TO A CURRENT DOCTOR'S MEDICATION PRESCRIPTION, I WILL NOT BE HIRED, OR IF ALREADY WORKING, THAT I WILL BE TERMINATED. I UNDERSTAND THAT NEITHER THE GRANTING OF AN INTERVIEW NOR ANYTHING CONTAINED IN THIS APPLICATION, COMPANY POLICIES, PROCEDURES, OR HANDBOOKS THAT I MIGHT RECEIVE, ARE INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND MYSELF. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON SCHMITZ BROTHERS, LLC (DBA LITTLE SWITZERLAND) UNLESS MADE IN WRITING. I UNDERSTAND THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND THAT EITHER I OR LITTLE SWITZERLAND MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON. I AGREE TO CONFORM TO THE RULES AND REGULATIONS FOR THE COMPANY.

Signature of Applicant: _____ **Date:** _____