



Burke Mountain
223 Sherburne Lodge Road
East Burke, VT 05832

Thanks you for your interest in Burke Mountain.

Attached, you will find an application, background release form and drug/alcohol test release form. Please fill out the application completely, **including the position you're applying for**. All offers of employment are contingent upon the successful completion of a background check, pre-employment drug screen and review of your business references. Burke Mountain is a drug-free workplace.

If you have any questions, feel free to contact the Human Resources offices at 802.626.7300. Again, thank you for considering Burke Mountain in your search for employment.



Application for Employment

Today's Date _____

Your Personal Information

Name _____
Last First Middle

Address _____
City State Zip Code

Home Telephone _____ Cell Telephone _____

Email address _____

Preferred Method of Contact:

Home Telephone Cell Telephone Email Other _____

Special Instructions

You must answer EVERY question on this application. If it does not apply, state "N/A". Please print your responses and request additional paper if necessary. This application must be completed by the candidate applying for the position. Your application will remain active for 60 days from the date you apply. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in Burke Mountain Operating Company.

Our EEO Commitment

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, disability, veteran's status, citizenship status, or any other legally protected class.

Tell Us About Yourself (You must answer every question on this application. If a question does not apply, put "N/A." Please print.)

What position are you applying for? _____

What is your salary expectation ? _____ When can you start work? (date) _____

Have you completed and application here before? Yes No If yes, date _____

Have you ever been employed by Burke Mountain Operating Company? Yes No

May we contact your present employer? Yes No

Have you ever been terminated or asked to resign a job? Yes No

If yes, please explain _____

Tell Us About Your Availability

Are you available to work (Check any that apply): Full-time Part-time Seasonal Nights Weekends

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you willing to work overtime? Yes No Do you have reliable transportation? Yes No

Tell Us About Your Special Skills and Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or company

List any professional, trade, business, or civic activities or offices held that would relate to working here

List any foreign languages that you fluently speak, read, and/or write that would relate to working here _____

List software programs you are proficient in _____

Tell Us About Your Educational Background

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Tell Us About Your Driving Record (Necessary for positions that may require use of a personal or company vehicle for work)

Do you hold a valid Driver's License? Yes No If yes, provide the state _____

Have you been convicted of any moving violation(s) in the last 3 years? Yes No

If yes, give date(s) and explanation of each _____

Tell Us About Your Past (Answering "yes" to any of these questions is not automatic bar to employment.)

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft? Yes No If yes, explain circumstances, employer and date _____

Are you legally eligible to work in the United States? Yes No (Proof of work eligibility/identity required upon hire)

Do you have any criminal charges pending against you?

Yes No If yes, describe details of charges, dates and current status _____

Tell Us About Any Records (Must be answered by all candidates other than those in Massachusetts.)

Have you ever been convicted of; received a sentence for; pled nolo contendere (no contest) to; been placed on probation, fined, or entered a pretrial intervention program for; or had adjudication withheld by any judicial or quasi-judicial body for a felony or misdemeanor, other than a minor traffic violation? (Any criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with any state or federal regulations, you may be required to provide copies of any criminal records. Answering "yes" to this question is not an automatic bar to employment.)

Yes No If yes*, describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction or disposition of the offense. (See below for specific instructions related to your particular state. If your state is not listed, answer this questions as worded)

- *Connecticut Candidates: Applicants do not have to disclose erased records of arrests, criminal charges or convictions; Applicants with erased criminal records can swear under oath that they have never been arrested; and Criminal records eligible for erasure included delinquency determinations, findings as a child in family with service needs, youthful offender adjudications, dismissed or nolle criminal charges, criminal charges where the accused was found not guilty or received an absolute pardon, and any other conviction where erasure is allowed by law.
- * Michigan Candidates: For any misdemeanors, list only those that resulted in conviction
- * Nevada candidates: List all felony convictions and any misdemeanor convictions that occurred in the past 10 years and resulted in imprisonment
- * Rhode Island candidates: List convictions only
- * Utah candidates: For any convictions, list only felonies
- * Washington candidates: List any convictions or terms of imprisonment within the past 10 years only

Your Work History and Any Employment Gaps (Must be completed even when accompanied by resume)

List most recent or current job first. Include military history. You must include and gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history.

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone: <small>(Include Area Code)</small>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Check One: Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>	State Reason:		Supervisor's Name

IF YOU NEED ADDITIONAL SPACE TO PROVIDE A FULL WORK HISTORY, REQUEST ADDITIONAL PAGES.

Employer		Dates Employed		Summary of Work Performed and Job Responsibilities
		From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)		Phone: <small>(Include Area Code)</small>		
Job Title		Hourly Rate, Weekly Salary, or Other Weekly Earnings		
		Starting	Final	
Check One: Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>	State Reason:			Supervisor's Name
Employer		Dates Employed		Summary of Work Performed and Job Responsibilities
		From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)		Phone: <small>(Include Area Code)</small>		
Job Title		Hourly Rate, Weekly Salary, or Other Weekly Earnings		
		Starting	Final	
Check One: Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>	State Reason:			Supervisor's Name
Employer		Dates Employed		Summary of Work Performed and Job Responsibilities
		From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)		Phone: <small>(Include Area Code)</small>		
Job Title		Hourly Rate, Weekly Salary, or Other Weekly Earnings		
		Starting	Final	
Check One: Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>	State Reason:			Supervisor's Name

Agreement and Release

For the purpose of this agreement and release, Burke Mountain Operating Company is referred to as "the company". The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment.

I understand that in keeping with the Company's commitment to maintain a safe work environment and because of the nature of the business in which the company is engaged, the company may conduct background checks on applicants to determine whether an applicant has had a prior criminal conviction.

I also understand that employment is contingent upon my providing within three (3) days of employment valid proof of identity and eligibility to work in the U. S. in compliance with the Immigration Reform and Control Act of 1986.

I understand that if my application is accepted that employment with this Company is "at will". It is further understood that "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this Company specifically acknowledge this change. I further understand that my "at will" employment may be terminated at any time and for any reason by this company or by myself, and includes no guarantee, contract, or promise of employment for any specific length of time.

I have read, understand and by my signature consent to these statements.

Signature if Applicant _____

Date _____

EMPLOYMENT APPLICATION SUPPLEMENT
Vermont

I, _____, understand that I shall be required to submit to a screening for alcohol, drugs, or other controlled substances inclusive of drugs or their metabolites which are likely to cause impairment of the individual on the job, which are: amitriptyline, amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, doxepin, glutethimide, hydromorphone, imipramine, meperidine, methadone, methaqualone, opiates, oxycodone, pentazocine, phenytoin, phencyclidine, phenothiazines, and propoxyphene; and any drug added to this list by the Vermont Commissioner of Health pursuant to 21 V.S.A. Sec. 511 in connection with my application for employment. The drug testing procedure will be as described in Sections 514 and 515 of Title 21, Vermont Statutes Annotated. I have received a copy of the Company's Drug-Free Workplace Policy, with Title 21 of Vermont Statutes Annotated, Sections 511-520, attached. Therapeutic levels of medically prescribed drugs tested will not be reported. If you have a positive test result, you will be given an opportunity to retest a portion of the sample at an independent laboratory at your own expense. I hereby consent for Burke Mountain Operating Company, a Collection Facility, and a Reference Laboratory to perform appropriate tests or examinations for the presence of alcohol, drugs, or other chemical (controlled) substances. Further, I give my consent for the release of the test results, or other medical information to authorized management of Burke Mountain Operating Company for appropriate review. I understand that if I refuse to consent, the offer of employment may be withdrawn. I also understand that a positive test result may result in the withdrawal of the offer of employment. I release Burke Mountain Operating Company, its employees, management and its designated medical or professional representatives, from any and all claims or causes of action resulting from this test, the release of the results of the test to such persons, and any decisions resulting therefrom. My consent to release the test results shall be valid for as long as I am employed by the Company.

Date

Employee Signature