



SNOWSPORTS SCHOOL APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

For each discipline, assess your skill level as B-beginner, I-intermediate or A-advanced, or write "No" if you do not participate.

Skiing Snowboarding Telemark

Do you have any certification through PSIA/AASI? Y N

Is your certification current? Y N

Availability

How many days a week, 8:30am – 4pm, could you work? _____

Which days would you like to work? M T W Th F Sa Su

Will you be available to work at least some days between 15 December, 2021 and 4 January, 2022? Y N

Are you able to work 2 nights a month, 5pm – 9pm? Y N

What date can you begin working? _____

Education

High School _____

Have you graduated? Y N

College: _____

Major: _____

Other emphasis: _____

Have you graduated? Y N

Additional Degrees: _____

Additional education and experience that would contribute to your ability to teach snowsports:

Employment History

Most recent employer: _____

Job Title and Work Description: _____

Dates of employment: _____

Reason for leaving: _____

Supervisor: _____

Email: _____ Phone: _____

May we contact this person? Y N

Employer #2: _____

Job Title and Work Description: _____

Dates of employment: _____

Reason for leaving: _____

Supervisor: _____

Email: _____ Phone: _____

May we contact this person? Y N

Employer #3: _____

Job Title and Work Description: _____

Dates of employment: _____

Reason for leaving: _____

Supervisor: _____

Email: _____ Phone: _____

May we contact this person? Y N

References

1. Name: _____

Relationship: _____

Email: _____ Phone: _____

2. Name: _____

Relationship: _____

Email: _____ Phone: _____