



U.S. Ski and Snowboard Association

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applying for: _____

To begin employment with USSA you must be authorized to work in the United States.

Have you ever worked for the USSA? YES NO
 If yes, when? _____

You may attach a resume in lieu of completing the information below, and it will be considered part of the application, along with any other attachments. You must complete the Signature portion in order for your application to be considered.

Education

High School: _____ City, State: _____

College: _____ City, State: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Name: _____ Relationship: _____
Company: _____ Phone: _____

Name: _____ Relationship: _____
Company: _____ Phone: _____

Name: _____ Relationship: _____
Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Certification and Signature

I certify that my answers are true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that any offer of employment is subject to successful completion of a background check by USSA or its authorized provider. I also understand that on the first day of employment I must present documentation confirming my authorization to work in the United States, and that USSA is an at-will employer and my employment may be terminated at any time.

Signature: _____ **Date:** _____

The USSA is an equal opportunity employer. USSA complies with state and federal laws in selecting applicants for employment and does not discriminate against applicants for employment on any prohibited basis, including race, color, gender, pregnancy, age (40 and over), religion, national origin, ethnic background, genetic information (including of a family member), military service, citizenship, sexual orientation, gender identity, disability, or any other characteristic protected by applicable law.