

Name: _____

Date: _____

Position: _____

Residence City: _____

NOTICE

SkiHi Enterprises, Ltd. has a policy prohibiting the use and / or possession of illegal and unauthorized drugs.

In order to be considered for employment, **you must pass a urine drug screen** to verify that you have not recently and are not presently using illegal or unauthorized drugs. **You will also be required to have a pre-employment physical.**

The urine drug screen will detect the presence of certain drugs, such as Marijuana for up to thirty (30) days after last use.

This application will remain active for thirty (30) calendar days. Please complete all sections of this application to be considered for employment.

SKIHI ENTERPRISES, LTD.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME _____ APPLICATION NO. _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. () _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED? YES NO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU APPLIED TO SKIHI BEFORE? YES NO IF YES WHEN? _____

HAVE YOU WORKED FOR SKIHI BEFORE? YES NO IF YES WHEN? _____ POSITION _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

FORMER EMPLOYERS

(LIST BELOW YOUR LAST FOUR EMPLOYERS, START WITH THE LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

GENERAL

LIST ANY LICENSES HELD, CERTIFICATIONS OR ANY SPECIAL TRAINING OR SKILLS _____

US MILITARY OR NAVAL SERVICE _____ RANK _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO IF YES PLEASE EXPLAIN _____

REFERENCES

BELOW LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

REPRESENTATIONS AND WAIVERS

Read the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize SKIHI Enterprises, Ltd. to investigate any and all statements contained in this application. I hereby consent to SKIHI Enterprises, Ltd. conducting any checks concerning my background which are necessary, advisable, or helpful by SKIHI Enterprises, Ltd. (except contacting my current employer unless permission is granted above). I understand that if hired, I will receive a copy of SKIHI Enterprises, Ltd.'s rules, regulations and policies. I will read and understand the rules, regulations and policies; and I acknowledge that I will be required to abide by them. I understand that if hired I will be required to submit to a drug screen as part of the application process. I hereby consent to the drug screen, agree to cooperate fully with the drug screen, and waive any and all objections I might otherwise have to such drug screening. I understand that I may be required to submit to a medical examination, if I am advised of a favorable employment decision. I hereby consent to such medical examinations and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause, and with or without notice, at any time, at the option of either SKIHI Enterprises, Ltd. or myself. I understand that no manager or representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreements contrary to the foregoing. I understand that due to the cyclical nature of the construction industry that SKIHI Enterprises, Ltd. is not in a position to employ field personnel on a permanent basis.

I agree that any claim, dispute or controversy that I may have with SKIHI Enterprises, Ltd. relating to my employment, or to the termination of my employment, shall be submitted to final arbitration in accordance with the voluntary labor arbitration rules of the American Arbitration Association. Such arbitration shall be held in the city of Fort Worth, Texas. SKIHI Enterprises, Ltd. shall be responsible for the fees of the arbitrator; I agree that I shall be responsible for my own costs or professional fees incurred in connection with the claim, dispute or controversy and arbitration.

I further agree to submit a demand in writing to an officer of SKIHI Enterprises, Ltd. not later than three (3) months after the occurrence of any event, for which I desire arbitration or such matter shall be deemed waived. I further agree and understand that this agreement to arbitrate shall not prevent the company from seeking appropriate legal or equitable relief to prevent me from disclosing any confidential information or trade secrets of the company.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment; or in the event I become employed by SKIHI Enterprises, Ltd. may result in my dismissal.

SIGNATURE _____ DATE _____

-----FOR EMPLOYER USE ONLY-----

REMARKS _____

APPLICANT DATA RECORD

As employer / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the APPLICANT DATA RECORD. We appreciate your cooperation.

NAME _____
Last First Middle

ADDRESS _____

PHONE _____

Government agencies require periodic reports on the sex, ethnic background, handicap and veteran status of applicants. This data is for analysis and affirmation action only. Submission of information about a handicap is voluntary.

Check One: Male Female

Check One Of The Following:

Race/Ethnic Group White Black Hispanic

American Indian / Alaskan Native

Asian / Pacific Islander

Check If Any Of The Following Are Applicable:

Vietnam Era Veteran

Disabled Veteran

Handicapped Individual

Signature _____

Date _____