

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

I understand that if hired, I will be an employee of The Grand America Hotel Company and/or Little America Hotel Company and Sinclair Services Company (hereinafter "the company"), which provides a variety of staffing and employment management services for The Grand America Hotel Company and Little America Hotel Company.

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate the company.

I authorize the company to investigate all statements contained in this application. It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of the application and/or for separation from the company's service if I have been employed.

I agree, if employed, to abide by all of the company's rules and regulations. I understand that an offer of employment by the company may be conditioned on the results of a physical examination designed to determine my ability to meet the physical demands of the position for which I am under consideration. I authorize such physical examination as may be requested by the company and further authorize the physician or other examining health care provider to release the record and/or report of that examination to an authorized recipient at the company. I understand that, if employed, I will be hired as an employee at will, and my continued employment is entirely subject to the discretion and best judgement of the company. Further, I understand that any additional terms of employment must be expressly agreed to in writing.

I authorize the company to investigate information regarding my previous employment, my working ability, my character and reputation, and all statements contained in this application. I hereby release the company, its officers, employees, representatives, or agents, and the person(s) the company contacts in its investigation from any and all liability and/or damage incurred in obtaining or providing such information.

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is our policy at the company to provide equal employment opportunity to all individuals without regard to race, color, religion, sex, age, national origin, disability, veterans disability, and to Vietnam Era Veterans; to prohibit harassment based upon these factors, and to ensure that retaliation or discrimination does not occur if any employee reports violation of federal, state, or local laws.

This policy applies to recruitment, hiring, training, promotion, transfer, demotion, termination, compensation, benefits, and all other aspects of employment.

Each employee is hereby advised that discrimination of any type will not be tolerated by the company. All employees may report any complaints or possible violations to either the General Manager, the Human Resources Representative or the Sinclair Services Company Human Resources Department. The company will promptly investigate and resolve all complaints with appropriate confidentiality.

The company will continue to emphasize to employees, potential employees, customers, vendors and others that equal opportunities in the company are based upon individual merit and will continue to encourage persons to seek employment and strive for advancement upon such a basis.

Each manager, supervisor, and employee within the organization is charged with the enforcement of this policy and the implementation of these programs within his or her area of responsibility.

DRUG/ALCOHOL TESTING ACKNOWLEDGEMENT

I acknowledge that the company has a Drug/Alcohol Testing Policy, which I have been given an opportunity to read. That Policy requires drug testing confirmation by an independent laboratory of the company's choice, using protocols developed by the company and the laboratory. Drug tests will be performed by urinalysis, and/or alcohol breathalyzer, or any other approved method that meets applicable Federal and State statutes, or regulations, using an initial screening test, as provided for in the Policy. I hereby consent to undergo such drug/alcohol testing as may be required, and further consent to the release of test results to the company. I understand that I may be terminated or not employed if I violate the Policy.

I certify that the information given in this application is correct and I acknowledge that I have read and understand the company's Equal Employment Opportunity Policy Statement, At Will Employment Statement, Job Requirements and Drug/Alcohol Testing Acknowledgement.

Date _____ Signature of Applicant _____

GRAND AMERICA HOTELS & RESORTS



snowbasin

Application for Employment

Equal Opportunity Employer

PERSONAL INFORMATION

Today's Date: _____

Name: _____

Present Address: _____
Last Name _____ First Name _____ Middle Initial _____
City: _____ State: _____ Zip: _____

How long residing here: _____ Telephone Number: () _____ () _____
Home _____ Other _____

Email Address: _____

Previous Address		Previous Address	
Street: _____	Street: _____		
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____		
From: _____ To: _____	From: _____ To: _____		

EMPLOYMENT INFORMATION

Desired Position (s): _____ Expected Wage: \$ _____ Per _____

Are you age 18 or older? Yes No If no, please state your age: _____

If applying for a position involved in the sale of alcohol or tobacco, are you age 21 or older? Yes No

When are you available to begin work? _____

Type of employment desired: Full Time _____ Part Time _____ Summer _____

Shift Desired: Day _____ Night _____ Graveyard _____ Any _____

Can you work Saturday? Yes No Sunday? Yes No Holidays? Yes No

Are there any hours you would be unavailable to work? Yes No

Explain: _____

How were you referred to us? _____

Have you previously been employed by one of the Sinclair Companies? Yes No

If yes, when? _____ where? _____

Do you know anyone employed by one of the Sinclair Companies? Yes No

If yes, who? _____

Do you smoke or use tobacco products? Yes No

Have you ever been convicted of a misdemeanor or felony (other than minor traffic)? Yes No

If yes, explain: _____

Can you furnish proof of your legal right to work in the United States? Yes No (verification will be required at time of hire)

EMPLOYMENT HISTORY

Start with your present or most recent job. List all jobs you have held. Account for all periods of time including military service. Additional information may be placed on a separate sheet and attached.

Employer		Responsibilities	
Address		Phone	
Date Started	Initial Position	Initial Salary	
Date Left	Final Position	Final Salary	
Name and Title of Supervisor			
Reason for Leaving			

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Name and Title of Supervisor			
Reason for Leaving			

May we communicate with your present employer now? Yes No

Did you have problems complying with any previous employers' policies, i.e. attendance, dress standards, etc.

Yes No Explain: _____

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record?

Yes No Explain: _____

For jobs requiring office machine skills: Typing speed: _____

Data entry by touch: Yes No Other: _____

EDUCATION

	Name and Location	Date From / To	Did you graduate?	Degree or Credits Earned	Major Subject	Minor Subject	Grade Average
High School(s)		N/A		N/A	N/A	N/A	
College(s)							
Technical Business or Other							

Do you have any other special interests, skills, or training which you feel would be an asset to the company? Explain: _____

JOB REQUIREMENTS

The title of the position for which I am applying is _____

I understand the position description for the above position. I understand the physical and emotional demands of the essential functions of the position. I also understand the environments in which these essential functions might be performed and the various hazards which might be present.

_____ I am able to perform the essential functions of the position, as defined in the position description, without presenting a danger to either myself or my co-workers, with or without reasonable accommodations. If reasonable accommodation is required, please explain:

_____ I am unable to meet the physical or emotional demands of the essential functions of the position. However, I would like to be considered should a less demanding position become available. I understand that I may define my limitations to facilitate such consideration, but that I have no obligation to do so.

REFERENCES

Please list any references, professional associates or friends, not relatives or former employers:

Name	Address/ Phone Number	Relationship to Applicant	Number of Years Acquainted