



# Rehire Employment Application

925 Roundtop Road, Lewisberry, PA 17339 \* 717-432-9631 \* Fax: 717-432-9382 \* roundtopmountainresort.com

*EOE: Roundtop Mountain Resort is an Equal Opportunity Employer. Roundtop Mountain Resort does not discriminate on the basis of race, religion, color, sex, national origin, age or disability. This application contains no questions for the purpose of limiting or excluding any applicant's consideration for employment on the basis prohibited by local, state or federal law. Roundtop Mountain Resort is an at-will employer.*

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Check if this is a different address from when you last worked at Roundtop. If so, you will need to complete a new PSD code form. (available on-line)  
\* Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.

What department are you re-applying for? \_\_\_\_\_

Desired start date: \_\_\_\_\_ Check one: Full Time  Part Time

Why do you want to work at Roundtop Mountain Resort? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor in the last 5 yrs.? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

You may not be denied a position because of a conviction record unless the offense is job related.

### Please list hours (AM/PM) you are available to work

**Winter Operations:** Monday - Friday: 9am - 10pm, Saturday, Sunday & Holidays: 8am - 10pm

**Summer Operations:** Wednesday - Sunday - 11am - 5pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### APPLICANT'S STATEMENT

*I certify that the information submitted by me on this application is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in the application. I understand that this application is not, nor is it intended to be, a contract of employment. In the event of consideration, I understand that false or misleading information given on my application or at the interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of Roundtop Mountain Resort. Applicants are required to sign this document.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* Electronic signatures not accepted.*

If Under 18 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Workers' Compensation Information

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

In case of WORK-RELATED injury or illness, Ski Roundtop Operating Corp. has provided for payment of benefits for on-the-job injuries upon following these procedures:

- You must report the injury to Ski Patrol and your Supervisor IMMEDIATELY and to the Risk Manager within 24 hours.
- You must obtain medical care from a provider listed below.
- YOU MUST CONTACT THE AREA'S RISK MANAGER WITHIN 24 HOURS OF SEEKING MEDICAL TREATMENT ANYTIME AFTER LEAVING THE SKI PATROL AID ROOM.

**Note: Failure to comply with the above policies could result in a denial of coverage.**

1. Concentra	4910 Ritter Rd.	Mechanicsburg Pa	717-795-1819
2. Concentra	970 Loucks Road, Unit D	York, Pa	800-232-3550
<b>(See Risk Manager for East Shore Locations)</b>			
3. Drayer Physical Therapy	5108 E. Trindle Rd	Mechanicsburg Pa	717-790-9920
<b>(See Risk Manager for other locations)</b>			
4.. Harrisburg Hospital ER	111 S. Front St.	Harrisburg, Pa	717-782-3297
5. OIP ( Injury Clinic)	3399 E. Trindle Rd.	Mechanicsburg, Pa.	855-682-4647
6. OIP ( Injury Clinic)	450 Powers Ave.	Harrisburg, Pa.	855-682-4647
7. Orthopaedic and Spine Specialist	1855 Powder Mill Rd.	York, Pa	717-848-4800
8. OSS Urgent Care	856 Century Dr.	Mechanicsburg, Pa	717-730-7099
9. Osterber Chiropractic Centre	2217 Carlisle Rd.	York, PA	717-764-4848
<b>(See Risk Manager for other locations)</b>			
10. York Hospital ER	1001 S. George St.	York, PA	717-851-2311

If initial treatment is provided by an emergency room facility, any follow-up treatment **must** still be provided by a provider listed above for **at least 90 days**.

After 90 days, you may go to a provider of your choice if medical care is still necessary. You must inform Ski Roundtop Operating Corp. or the insurance carrier about the new provider **within 5 days of your first visit**.

If a particular specialty is not on the list, and the specialty care is reasonable and necessary for treatment of the work injury, the employee will be allowed to treat with a health care provider of his or her choosing.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation, 1171 S. Cameron St., Room 103, Harrisburg, PA17104-2501  
 Telephone number within Pennsylvania: 800-482-2383  
 Telephone number outside of this Commonwealth: 717-772-4417  
 TTY- 800-362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.

As an employee of Ski Roundtop Operating Corp., my signature below certifies that I received, read, and understand this information.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Witness's Signature**

\_\_\_\_\_  
**Signature of Parent or Guardian (if under 18)**  
(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

\_\_\_\_\_  
**Date**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



**Tear Out, Sign and Return this Page**

2018 SUMMER ACKNOWLEDGEMENT

I, \_\_\_\_\_ acknowledge the following:  
PLEASE PRINT NAME

1. I realize that Resort Activities including, but not limited to: skiing, snowboarding, tubing, golf, hiking, biking, paintball, zip lines, Mountain Adventure elements, and other related activities bear certain risks that can lead to catastrophic injury or death. I understand that Resort Activities are hazardous and agree to voluntarily assume the risk of injury while participating in these activities, and further agree not to sue Ski Liberty Operating Corp., Ski Roundtop Operating Corp., Whitetail Mountain Operating Corp., and Snow Time, Inc. or their agents and employees if injured while using the facilities regardless of any negligence of the ski area or its employees or agents.
2. I realize that Resort Activity privileges are not a part of my compensation from the Company.
3. I give full permission to have my personal locker and personal belongings searched by police or the manager on duty if there is reasonable suspicion that there may be drugs or other illegal compounds therein.
4. I will not take any drugs or controlled substances at any time while I am working for the Company, and I will not report to work at any time under the influence of drugs or alcohol, other than those prescribed by a physician and authorized by my supervisor.
5. I give consent to be tested if there is reasonable suspicion on the part of management that I have been drinking or taking drugs. Also, that I understand the resort has a random, post accident, post offer/pre-employment, and periodic, departmental drug screening and agree to be tested if chosen.
6. I give my full permission for the Company to copyright, publish, or resell photographs, tapes or videos of me, for use in its promotional materials.
7. I have received and read the Employee Handbook and fully understand the procedures, responsibilities, privileges and work rules of being a member of the staff and I will abide by the rules, regulations and procedures as stated in the Employee Handbook.
8. I am an "employee at will" which means that I may leave employment of the Company at any time, and that I can be terminated from my job by the Company at any time for any reason, without notice.
9. I understand I am not guaranteed a job at any time, or for any length of time.
10. All questions I have pertaining to the Employee Handbook and to my position with the Company have been answered to my satisfaction.

\_\_\_\_\_  
Employee Signature – **Electronic signatures not accepted**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

Signature of Parent or Guardian is required if the employee is under 18 years of age.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

This acknowledgement is to be fully executed by each employee before going on the payroll. A copy is to be placed in the employee's permanent personnel file.

# Tear Out, Sign, and Return this Page.

## ACKNOWLEDGEMENT

I, \_\_\_\_\_ acknowledge the following:  
PLEASE PRINT NAME

1. I realize that Resort Activities including, but not limited to: skiing, snowboarding, tubing, golf, hiking, biking, paintball, zip lines, Mountain Adventure elements, and other related activities bear certain risks that can lead to catastrophic injury or death. I understand that Resort Activities are hazardous and agree to voluntarily assume the risk of injury while participating in these activities, and further agree not to sue Ski Liberty Operating Corp., Ski Roundtop Operating Corp., Whitetail Mountain Operating Corp., and Snow Time, Inc. or their agents and employees if injured while using the facilities regardless of any negligence of the ski area or its employees or agents.
2. I realize that Resort Activity privileges are not a part of my compensation from the Company.
3. I give full permission to have my personal locker and personal belongings searched by police or the manager on duty if there is reasonable suspicion that there may be drugs or other illegal compounds therein.
4. I will not take any drugs or controlled substances at any time while I am working for the Company, and I will not report to work at any time under the influence of drugs or alcohol, other than those prescribed by a physician and authorized by my supervisor.
5. I give consent to be tested if there is reasonable suspicion on the part of management that I have been drinking or taking drugs. Also, I understand the Company has a Post Offer/Pre-employment, Periodic Departmental, Post Accident/Incident, Reasonable Suspicion, Random Drug, and Department of Transportation Required drug screening program and agree to be tested if chosen.
6. I give my full permission for the Company to copyright, publish, or resell photographs, tapes or videos of me, for use in its promotional materials.
7. I have received and read the Employee Handbook and fully understand the procedures, responsibilities, privileges and work rules of being a member of the staff and I will abide by the rules, regulations and procedures as stated in the Employee Handbook.
8. I am an "employee at will" which means that I may leave employment of the Company at any time, and that I can be terminated from my job by the Company at any time for any reason, without notice.
9. I understand I am not guaranteed a job at any time, or for any length of time.
10. All questions I have pertaining to the Employee Handbook and to my position with the Company have been answered to my satisfaction.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

Signature of Parent or Guardian is required if the employee is under 18 years of age.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

This acknowledgement is to be fully executed by each employee before going on the payroll. A copy is to be placed in the employee's permanent personnel file.

Updated 9/2017

Dear Parent/Guardian,

Roundtop Mountain Resort is a drug and alcohol free workplace! We believe the presence and influence of drugs and alcohol in the work place greatly increases the potential for accidents and injury. There are several safety sensitive departments at the resort that require all staff to submit to a drug screen after an offer of employment and prior to their first day on the job. We also perform random, reasonable suspicion, periodic departmental and post incident drug screens.

Our policy is summarized in the Employee Handbook and is available in it's entirety upon request from the area's Risk Management office.

If offered employment in one of the resort's safety sensitive departments, your child will be required to submit to and successfully pass a "Post Offer/ Pre Employment" drug screening. If they are offered a job in a non-safety sensitive department, they may be required to submit to one or more of the other drug screenings in the course of their employment with us. They will need your permission to participate in the screenings. By completing the lower part of this letter, you are agreeing to allow your child to work at Roundtop Mountain Resort and be included in these screenings.

Please complete lower part of this letter including your signature. This letter must be completed by you and returned by your child with all completed paperwork prior to employment. If you do not chose to sign this letter, you child will not be allowed to work at Roundtop Mountain Resort.

Thank you,

Pat Moyer  
Payroll/ Human Resources  
(717) 432-9631 ext. 3704

I, \_\_\_\_\_ (parent/guardian) give permission for my child \_\_\_\_\_ (minor employee) to submit to a "Post Offer/ Pre Employment" drug screening, or for any of the drug screening listed above.

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Signature of parent/guardian

---

Date



## Summer Uniform Order

Name - Print Clearly

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Status

**Full Time**

4-6 days per week

**Part Time**

1-3 days per week

Ladies - Size

Men's - Size

Department

- |   |  |
|---|--|
| <input type="checkbox"/> Admin            | <input type="checkbox"/> Group Sales       |
| <input type="checkbox"/> Camp Counselor   | <input type="checkbox"/> Mountain Adv      |
| <input type="checkbox"/> Cashiers         | <input type="checkbox"/> Paintball         |
| <input type="checkbox"/> Facilities Maint | <input type="checkbox"/> Ropes Facilitator |
| <input type="checkbox"/> Food Services    | <input type="checkbox"/> Vertical Trek     |

Xsmall

Small

Medium

Large

Xlarge

XXLlarge

Small

Medium

Large

Xlarge

XXLlarge

## **Re Hire Paperwork Check List**

1. Application – signed, if minor parent/guardian signature
2. Work Comp Form – signed and witnessed
3. I-9
4. Handbook Supplement Acknowledgment – signed and witnessed
5. Snow Time Handbook Acknowledgement – signed and witnessed
6. Copy of current valid Driver's License
7. Copy of Work Permit – minors only
8. Permission to Drug Screen letter – minors only
9. Summer Uniform Order Form
10. Background check clearance – where applicable
11. Drug Screen – where applicable
12. Uniform Order Form
13. Submitted Waiver thru link provided on website