



ESKIMOS SPORTS GMBH EMPLOYMENT APPLICATION FORM												
Where did you hear about ESKIMOS SPORTS GMBH?												
Position applied for:												
PERSONAL DETAILS												
Surname:						Preferred forename:						
First names:						Place of birth:						
Date of birth:			Age:		Gender (please tick):					Male		
Marital status:										Female		
Contact address:					Address in Saas Fee:							
Mobile telephone:						Home telephone:						
Work telephone:						Email address:						
Nationality:						Skype:						
AHV No.						Profession						
Swiss bank account						Bank/Post				Clearing No.		
T-Shirt & Sweatshirt size						Ski pants & jacket size						
SSBS no.						Swiss Snowsports No.						
Please tick which team you apply for (ski or snowboard instructors only):												
GOLD TEAM (first priority) – Available whole season, Full day, 01.12.12 – 22.04.13												
SILVER TEAM (second priority) – Available whole season, 01.12.12 – 22.04.13												
BRONZE TEAM (third priority) – High season only- please fill in when you are available:												
From:		To:		From:		To:		From:		To:		
From:		To:		From:		To:		From:		To:		
SKI AND SNOWBOARD QUALIFICATIONS (attach qualification copies!!!)												

Association:	Level:	If not Swiss specify which country
SSBS		Switzerland
SWISS SNOWSPORTS		Switzerland

ANY OTHER RELEVANT QUALIFICATIONS/EXPERIENCE: *(course, place and date)*

EMPLOYMENT HISTORY *(start with your present or most recent job)*

Dates/Season:	Employer:	Key Responsibilities:	Resort/Country:

LANGUAGES

State qualifications and fluency

ABOUT YOU

Why do you want to work for ESKIMOS SPORTS GMBH?

What personal attributes do you feel that you could bring to the position that you are applying for?

REFERENCES

Please give details of two previous employers or tutors, whom we may contact for reference.

Name:		Name:	
Address:		Address:	
Position:		Position:	
Telephone No.		Telephone No.	
E-mail address:		E-mail address:	

INJURIY/ACCIDENT HISTORY

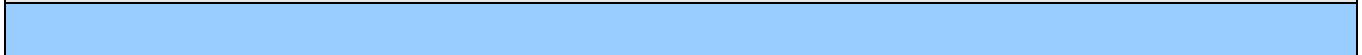
Do you have any injuries from a former accident which might in any way affect your ability to work for ESKIMOS SPORTS GMBH? (please tick)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Type of Injury	Accident	
	What happened	When/Where



SIGNATURE <i>(please type name)</i>		DATE:	
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Thank you for your time and trouble spent in completing this form. Please e-mail your completed application form to marketing@eskimos.ch, attached with the copies of your qualifications and a photograph of you.



Please use this space to inform us of any information which you feel may help your application: