



Verbier Staff Application form:-

Name _____
Surname _____
d.o.b. & Passport No. & type _____
SA Id. No. _____
Position applying for _____
Experience & where _____

Skier or Snowboarder _____
Smoker/drinker _____ If ex, how long ago _____
Skied before, where & weeks _____

Personality _____

Team player, individualist, extraverted (out of 10) _____
Do you enjoy socialising (out of 10) _____
Addressing a crowd of 50 on a Mic (out of 10) _____
Drivers licence's & in experience driving in the snow _____
What kind of driver of you (out of 10) _____
Sharing a room and bathroom with opp. sex _____
Special food requirements, eating disorders, don't eat? _____
Marital Status _____
In a relationship _____
Do you have children _____
Qualifications _____
Matriculated and grew up where _____
List all current sporting activities _____

Family history, (Mom, Dad, siblings) what they all do, marital status, health.

How you deal with babies and small children _____

Explain your DIY skills _____

George M. Skaris, Cell: +27 (0) 82 659 0316 (SA) Mobile: 41 (0) 79 690 9925 (Swiss)

Web Site: www.verbier-skiing.com Email: george@verbier-skiing.com

Reservations SA: 011 502 3500 (ph) Office Switzerland: +41 27 771 7707 (ph)

Address: Chalet Venus 61, Rue de Medran, 1936, Verbier, Suisse



Languages _____

Waitressing & Barman exp. _____

Chef qualifications, and where _____

Travel experience, and where _____

Accounting Exp, and where _____

Name and Ph or 5 friends _____

Medical:-

Any illnesses _____

Medication _____

Allergies _____

Bone, joint, back, muscle problems _____

Height & weight & size _____

Asthma, blood pressure, diabetes, heart, depression _____

Arb's:-

Any Fears _____

Scared of heights, speed _____

Most daring thing you've done _____

Feelings about alcohol _____

Feelings about drugs _____

Comments on late nights and early mornings _____

Any Body Piercing, Tattoo's _____

Any artistic talents _____

Interests and Hobbies _____

Are you musical _____

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Favourite things to do _____
Best Movies, Books _____

Musical choice _____

All Address's and contact details

Email Add _____

Next of kin _____

Beneficiary _____

Doctor's name and add.

Emergency contact No. _____

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