



Qualifying Profile For Placement Program Employers

EMPLOYER CONTACT INFORMATION

Company Name:

Address:

Street

City

State

Zip Code

Supervisor / Manager:

Tax ID #:

Telephone:

Fax:

Email:

Website:

Workers Compensation Policy Holder:

Policy Number:

Do you have an online application? Yes No Application Website:

How did you hear about CCUSA? IAAPA NSAA Colorado Ski Country Website/Search Engine

Friend/Student Other

EMPLOYMENT DETAILS

Dates of Employment: First day of work:

Last day of work:

Are these start and end dates flexible? Yes No Desired Number of International Staff:

Jobs Offered (list positions & wages):

Frequency of Pay:

Average Hours/Week:

HOUSING

Is employee housing available? Yes No Approximate Cost of Housing:

Deposit Amount:

Type of Housing:

ADDITIONAL EMPLOYER COMMENTS

If submitting this form electronically (emailing form) check the box below as an alternative to signing.

Employer Name

Signature

Date

Once completed, email this form to webd@ccusa.com. If you have any questions please call our Headquarters at 888 44 WEUSA.