

Providing work opportunities with:

WILLAMETTE PASS EXPRESS

MSL, Inc. consists of skilled, talented and creative individuals dedicated to providing our customers a quality experience by consistently offering good value, products, and services.

Dear Applicant:

Thank you for your interest in working for MSL, Inc. MSL, Inc. provides personnel for the operations of Willamette Pass Express. We believe that we offer a unique employment opportunity to individuals who are service oriented and represent our active, health conscious customers. We are committed to hiring the best personnel to achieve success. Our goal is for every customer to be so pleased with the experience we provide them that they will choose Willamette Pass as their favorite mountain for year round recreation. To accomplish this goal it is also critical that we make sure that our team members are motivated to perform at the highest level.

Willamette Pass operates between mid-November and mid-April. We are open all holidays and vacation times, including Christmas Day. All employees may be scheduled to work holidays. Full time and part time positions are available. You must work all scheduled days or please do not apply.

Incomplete applications will not be considered for employment. In the interest of assuring that we select the right person for the right position, we have developed the following pre-employment procedures.

APPLICATION: Read through these application procedures and then complete the application on the following pages. Please retain this letter and the ski area fact sheet for your records. Mail the completed application to:

MSL, Inc.
P.O. Box 5550
Eugene, OR 97405

All applications will be carefully reviewed and considered under MSL, Inc's equal opportunity employment guidelines:

It is MSL, Inc.'s policy to provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, color, sex, religion, age, national origin or other factor protected by law. MSL, Inc. will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, sex, religion, age, national origin or any other factor protected by law. This policy applies to all terms and conditions of employment, including, but not limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rights of pay or other forms of compensation; and selection for training, including apprenticeship. MSL, Inc.'s policies and procedures are intended to comply with applicable federal, state and local laws governing discrimination in employment.

MSL, Inc. will, in all solicitations or advertisements for employees placed by or on behalf of MSL, Inc., state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin or any other factor protected by law.

MSL, Inc. complies with applicable federal, state and local laws providing for nondiscrimination against and accommodation of qualified individuals with disabilities who can perform the essential functions of the job with or without reasonable accommodation.

PRE-EMPLOYMENT SCREENING: Complete the attached ski area data questionnaire covering information about Willamette Pass. The application and questionnaire will be used to assist our Human Resource Department in selecting and preparing for interviews. To be eligible for employment with MSL INC., all individuals must pass a pre-employment drug screen that will be scheduled by our Human Resource Department. Random drug screening will occur throughout the season. MSL Inc has a **ZERO** tolerance policy for Drugs & Alcohol. Individuals applying to certain departments may be subject to background check as well. All individuals must agree to conform to MSL Inc. standards regarding hygiene and dress codes.

INTERVIEWS: Selected individuals will be contacted for preliminary interviews by October 31. Follow-up interviews will be held for those individuals selected by Department Managers/Supervisors. Those individuals selected for hiring will be contacted by November 10. The pre-employment drug screen may be scheduled during this stage of our screening process.

ORIENTATION: The REQUIRED employee orientations will occur at the Ski Area in early November for ALL individuals hired for the full season. At that time, a complete I-9, W-4 and Employee Information sheet must be filled out. This will be done before the completion of the hiring process. Orientation, if successfully completed, is paid at minimum wage for 4 hours, and is considered minimum training required by WPR. Additional training and certification levels may apply to certain job categories.

Again, thank you for expressing an interest in working for MSL, INC. In our efforts to provide the best recreation experience for the best value, we are encouraged to have you consider joining our team.

WILLAMETTE PASS RESORT FACT SHEET

Mailing Address	P.O. Box 5550, Eugene, OR 97405
Information	www.willamettepass.com
Snow Phone	(541) 345-SNOW (7669)
Ski Area Location	Milepost 62 on Hwy 58
Winter Season	Mid-November through March
Winter Operating Hours	Thursday through Sunday 9:00am-4:00pm
Twilight Skiing	Friday and Saturday 12:30pm-9:00pm
Night Skiing	Friday and Saturday 4:00pm-9:00pm
Summit Elevation	6,683 Feet
Base Elevation	5,120 Feet
Vertical Rise	1,563 Feet
Average Snowfall	430 Inches
Average Snow Depth	January – 80” February – 84” March – 92”
Skiable Terrain	29 Trails: 6 Beginner 13 Intermediate 10 Advanced 555 Acres skiable terrain, 225 Acres groomable terrain
Longest Run	Kaleidoscope/Perseverance 2.1 Miles
Steepest Run	RTS up to 52 degrees
Industry Firsts	<u>First:</u> six person high speed detachable lift in Oregon <u>First:</u> snowmaking system in the Northwest <u>First:</u> ticketing and access system in the Northwest <u>First:</u> express rental program in the Northwest <u>First:</u> “Magic Carpet” in Oregon <u>First:</u> Winch Sno-Cat Grooming in the Northwest <u>First:</u> Summit Lift in Oregon

LIFTS:

BEGINNING

Magic Carpet	Surface Lift
Length	100 Feet
Vertical Rise	8 Feet
Uphill Capacity	240 Skiers/Hr

Sleepy Hollow	Triple Chair
Length	870 Feet
Vertical Rise	100 Feet
Uphill Capacity	1,800 Skiers/Hr

INTERMEDIATE

Twilight	Triple Chair
Length	3,300 Feet
Vertical Rise	798 Feet
Uphill Capacity	1,800 Skiers/Hr

Midway	Triple Chair
Length	3,200 Feet
Vertical Rise	759 Feet
Uphill Capacity	1,800 Skiers/Hr

ADVANCED

Eagle Peak Accelerator	Six Person Chair
Length	5,270 Feet
Vertical Rise	1520 Feet
Uphill Capacity	3,000 Skiers/Hr

Peak II	Triple Chair
Length	3,120 Feet
Vertical Rise	886 Feet
Uphill Capacity	1,800 Skiers/Hr

ACCOMMODATIONS:

Overnight lodging is available at these local participating providers:

Shelter Cove Resort	2 miles SE on Odell Lake	541 433-2548
Willamette Pass Inn	7 Miles east on Hwy 58	541 433-2211
Odell Lake Resort	6 Miles east on Odell Lake	541 433-2540
Crescent Creek Cottages	12 Miles east on Hwy 58	541 433-2324
Oakridge Best Western	27 Miles west on Hwy 58	541 782-2212
Cascade Motel	27 Miles west in Oakridge	541 782-2489
The Oakridge Motel	27 Miles west in Oakridge	541 782-2432
Crescent Motel	23 Miles east in Crescent	541 433-2550
The Featherbed Inn	29 Miles east in Chemult	541 365-2235
Gilchrist Inn	30 Miles NE in Gilchrist	541 433-2878
Crescent Lake Resort	9 Miles east off Hwy 58	541 433-2505

Ski Area Data Questionnaire

Please refer to any of the materials provided in this employment package to answer the following questions.

1. Willamette Pass is scheduled to be open all holidays. True_____ False_____
2. When is the projected opening date for Willamette Pass this year? _____
3. All employees are required to attend an orientation at the Ski Area. True_____ False_____
4. The Snow-Phone number is? _____
5. The name of the longest run at Willamette Pass is? _____
6. What is the closest lodging to Willamette Pass? _____
7. How many surface lifts does Willamette Pass have? _____
8. In a given hour of operation at Willamette Pass, how many skiers can Eagle Peak and Peak 2 transport uphill combined? _____
9. What days and hours is Twilight skiing available? _____
10. Workers at Willamette Pass are employees of what company? _____
11. Name three industry firsts at Willamette Pass? _____
12. What is the average monthly snow depth (in feet) at Willamette Pass in March? _____
13. How many vertical feet of skiing does Willamette Pass offer from the summit of Eagle Peak? _____
14. Where can you look online for Willamette Pass information? _____
15. What are the main reasons you would like to work at Willamette Pass? _____

16. How will you benefit the Willamette Pass team? (Use another sheet of paper if necessary.) _____

Personality Inventory

Please check only ONE of the answers for each question. There are no right or wrong answers, only personality differences.

- | | |
|--|--|
| 1. When I've had a stressful day I prefer
___A. Quietly unwinding
___B. Being with friends | 6. When I'm deciding how to handle an issue I think it is most important to consider
___A. How it will affect others
___B. How logical it is |
| 2. When I'm upset the first thing I want to do is
___A. Think it through
___B. Vent to several people | 7. Which would my friends be more likely to call me?
___A. Emotional
___B. Intellectual |
| 3. If I'm trying to find out about something, I concentrate my efforts on
___A. Making sense of all the pieces
___B. Reviewing the facts | 8. When there is a job to do I usually
___A. Have a specific way I like to do it
___B. Do it however I reasonably can |
| 4. I tend to look at
___A. The big picture
___B. The details | 9. People would probably call me
___A. Organized/planner
___B. Relaxed/spontaneous |
| 5. I would rather
___A. Listen more than talk
___B. Talk more than listen | 10. I would call myself
___A. Impulsive
___B. Cautious |

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Previous Addresses _____
State Zip Code Phone How Long? _____
yr./mo.

_____ How Long? _____
yr./mo.

_____ How Long? _____
yr./mo.

_____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____
- _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____