



APPLICATION FOR EMPLOYMENT

The Company is an equal opportunity employer. As required by law, the Company does not discriminate on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex, marital status, disability, military status, unfavorable discharge from military service or any other trait protected by law. If you need help filling out this application or for any phase of the application process, please notify the person who gave you this form and reasonable accommodation will be made.

PERSONAL INFORMATION

TODAY'S DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE NO. _____ IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS _____ AM/PM

E-MAIL ADDRESS _____ CELL PHONE NO. _____

I AM AT LEAST (CIRCLE ONE) 16 18 21 YEARS OF AGE.

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO
(ANY OFFER OF EMPLOYMENT IS CONDITIONED ON YOU COMPLETING A FORM I-9 AND PROVIDING DOCUMENTS ESTABLISHING IDENTITY AND WORK AUTHORIZATION.)

HAVE YOU APPLIED WITH US BEFORE? YES NO IF YES, WHEN? _____

HAVE YOU WORKED FOR US BEFORE? YES NO IF YES, WHEN AND IN WHAT POSITION? _____

HAVE YOU USED ANY NAME OR SOCIAL SECURITY NUMBER OTHER THAN LISTED ABOVE? YES NO

IF YES, PLEASE LIST AND EXPLAIN: _____

PLEASE LIST OTHER SPECIAL TRAINING OR SKILLS YOU WOULD LIKE US TO CONSIDER: _____

MISCELLANEOUS

WILL YOU BE ATTENDING SUMMER SCHOOL? YES NO MAYBE

WILL YOU HAVE EXTRA ACTIVITIES DURING THE SUMMER (Band, Sports, etc.)? YES NO EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

IN CASE OF EMERGENCY NOTIFY: _____

NAME

RELATIONSHIP

ADDRESS

TELEPHONE NUMBER

EMPLOYMENT DESIRED

POSITION YOU ARE APPLYING FOR:
(CHECK TWO AND CIRCLE MOST DESIRED)

- ACCOUNTING ADMISSIONS EMT FOOD SERVICE GIFT SHOP
 HOUSE & GROUNDS LIFEGUARD OFFICE WORK CREW

DAYS/HOURS AVAILABLE FOR WORK _____

PAY EXPECTED _____

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____

DO YOU WANT PRE-SEASON WORK: YES NO

HOW DID YOU HEAR ABOUT THIS JOB? _____

DO YOU UNDERSTAND THE JOB REQUIREMENTS (INCLUDING ATTENDANCE REQUIREMENTS) FOR WHICH YOU ARE APPLYING? _____

CAN YOU PERFORM/SATISFY THESE REQUIREMENTS WITH OR WITHOUT REASONABLE ACCOMMODATION? _____

EDUCATION

IF YOUR SCHOOL RECORDS ARE UNDER A DIFFERENT NAME, WHAT IS THAT NAME? _____

PROVIDE NAME OF SCHOOL AND CIRCLE YEAR COMPLETED:

HIGH SCHOOL: _____

<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4

COLLEGE: _____

IF APPLYING FOR LIFEGUARD OR E.M.T., PLEASE COMPLETE THE FOLLOWING REGARDING CERTIFICATES YOU HOLD:

<input type="checkbox"/>	National Pool and Waterpark Special Facilities Lifeguard Certificate from Jeff Ellis & Associates or American Red Cross	EXP. DATE _____
<input type="checkbox"/>	National Safety Council CPR/First Aid Certification	EXP. DATE _____
<input type="checkbox"/>	OSHA Bloodborn Pathogens Standard for Commercial and Industrial Facilities	EXP. DATE _____
<input type="checkbox"/>	EMT License	EXP. DATE _____

(PLEASE ATTACH A COPY OF EACH CERTIFICATE)

EMPLOYMENT HISTORY

LIST LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT.

1.	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (Month/Year) FROM TO
	NAME OF SUPERVISOR	PAY START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK.	REASON FOR LEAVING
2.	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (Month/Year) FROM TO
	NAME OF SUPERVISOR	PAY START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
3.	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (Month/Year) FROM TO
	NAME OF SUPERVISOR	PAY START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of fact on this application may result in either rejection of my application or, if hired, dismissal whenever it is discovered. I authorize the Company and/or its agents to investigate, directly or indirectly, all statements contained on this application, including but not limited to a criminal record check. I also authorize the employers, educational institutions, others listed above and any other person/entity with any information about me, including any law enforcement authorities, to release any such information. I also release all parties from any and all liability or damage that may result from seeking, furnishing or using such information. I understand and agree that, if hired, I must conform to the rules and policies of the Company which exist when I am hired, or which may come into existence during the course of my employment. I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my compensation, be terminated by me or the Company at any time, for any or no reason, with or without notice. I understand that no representation to the contrary is valid unless in writing and signed by the President of the Company.

I understand that this application is considered active for 30 days only and if I do not hear from the Company but still wish to be considered for employment after 30 days, I will need to fill out a new application.

DATE _____

SIGNATURE _____