

Today's Date: _____

EMPLOYMENT APPLICATION



For Office Use Only

Date Hired ___/___/2016
 Badge Number _____
 Shift Number _____
 Rate \$ _____

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position applied for (circle one): Lifeguard Ride attendant Food service In-park sales Maintenance

APPLICANT DATA:

Name: LAST FIRST MIDDLE

Address: City: State: Zip:

Phone: Cell:

E-mail Address: _____

Do you have Lifeguard Certification? Yes No Date available to start:
 If yes, date received

Have you ever worked for this company? Yes No If yes, when?

Are you a citizen of the United States? Yes No If not, are you legally allowed to work in the United States? Yes No

Have you ever pled "guilty", "no contest", or been convicted of a crime other than a Misdemeanor? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

In case of emergency, whom should we contact? Phone: Cell:

Who referred you to us? _____

EDUCATION:

High School: Address:

of Years Completed: Did you graduate? Yes No GPA: Class Rank:

College/University: Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

Other: Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

REFERENCES:

Please furnish the names, addresses, and telephone numbers of two people to whom you are **not** related and by whom you have not been employed. (Examples: teachers, Scout leaders, coaches)

Name:		Phone:	
Address:	City:	State:	Zip:
Name:		Phone:	
Address:	City:	State:	Zip:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held:	
Employer:	Address:		
Phone:	Supervisor:	Salary:	
Responsibilities:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held:	
Employer:	Address:		
Phone:	Supervisor:	Salary:	
Responsibilities:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant:	Date:
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