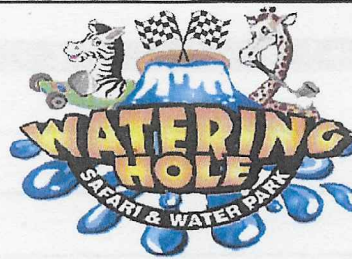


# EMPLOYMENT APPLICATION



Today's Date

*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. EOE*

**Position applied for (circle one):** LIFEGUARD RIDE ATTENDANT FOOD SERVICE IN-PARK SALES MAINTENANCE

## APPLICANT INFORMATION

Name: Last First Middle

Address: City: State: Zip:

Home Phone: Cell Phone:

Email Address:

Do you have a Lifeguard Certification:  Yes  No If yes, date it expires: Date available to start:

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

Are you a United States Citizen:  Yes  No If no, are you legally eligible 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 you, please 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.*

Emergency Contact: Phone: Relationship:

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:

Extra Curricular Activites:

**SUMMARIZE SPECIAL SKILLS OR QUALIFICATIONS:**

**REFERENCES**

Name:	Phone:
Address:	
Occupation:	
Name:	Phone:
Address:	
Occupation:	

**PREVIOUS EMPLOYMENT (begin with most recent position):**

Dates of Employment ____/____/____ to ____/____/____	Position(s) Held:	
Employer:	Address:	
Phone:	Supervisor:	Salary:
Responsibilities:		

May we contact this employer for a reference?  Yes  No

Dates of Employment ____/____/____ to ____/____/____	Position(s) Held:	
Employer:	Address:	
Phone:	Supervisor:	Salary:
Responsibilities:		

May we contact this employer for a reference?  Yes  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 that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature:	Date:
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**FOR OFFICE USE ONLY**
