



APPLICATION FOR SEASONAL EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____

Present Address _____

Street

City

State

Zip

Phone Number _____ Email Address _____

Are you 18 years old or older? Yes _____ No _____ If under 18 years old, are you 16 years old or older? Yes _____ No _____

Describe any U.S. military service (branch, rank, nature and date of discharge):

Are you presently in the National Guard or Reserve? If so, identify unit and any service obligations:

Have you ever been convicted of a crime or are you presently charged with a felony? If so, where and when, and explain circumstances: _____

Do you have reliable transportation? _____

If you are hired, can you provide proof of identification and eligibility to work in the United States? _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Desired hours per week _____

Are you employed now? _____ If so, may we contact your present employer? _____

Have you ever applied to this company before? _____ When? _____

Have you ever worked for this company before? _____ When? _____

Relatives employed by company? _____ Who? _____

How did you hear about this position? _____

Do you have any activities, commitments or responsibilities (for example, school, extra-curricular activities, other employment, etc) that might, in any way, interfere with your availability to work in the position for which you are applying? _____

FORMER EMPLOYMENT

List below your last three employers, starting with the most recent:

Name/Address _____ Date: (from ____ to ____) Wage Position Reason for leaving

1. _____

2. _____

3. _____

Which of your jobs did you like best? _____ Why? _____

OVER 

EXPERIENCE/TRAINING (Mark all that apply)

Park Experience (as a guest or employee)

- Go Karts
- Bumper Boats
- Concessions/Food
- Mini Golf
- Arcade
- Redemption
- Cashier

Trade Experience

- Groundskeeping
- Maintenance
- Mechanic
- Landscape
- Security

Other experience or training not included on the list: _____

What positions you are interested: Track/Activities Attendant Ticket Redemption/Concessions/Cashier Park Supervisor

What schedule times do you prefer: Open (9:30am-4:30pm) Peak (1:00pm-9:00pm) Close (4:00pm-12:00am) Other (specify)

What schedule days do you prefer: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION

Name and Location of School	# of years Attended	Did you Graduate?	Subjects Studied
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High School _____

College _____

Other _____

REFERENCES

(Give the names **AND CONTACT INFORMATION** of three persons NOT related to you, whom you have known at least one year.)

1. _____

2. _____

TERMS OF EMPLOYMENT--Read carefully and sign below if you agree to these terms of employment:

I understand and agree that my employment will be at will and may be terminated by the Employer at any time for any cause or no cause. I understand and agree that no one employed by the has any authority to limit in any way the Employer's right to terminate employment at will, or to offer employment other than on an at-will basis. I also understand and agree to the Employer's policy that the Employer's decisions on all employment-related matters are final, and are not subject to review or appeal outside the employer's except as required by laws providing or requiring employers to provide specific employment standards and rights. I attest that all information on this application is correct. Incorrect information may lead to termination.

I agree that the contents of any lockers, desks or other Employer property I may be using, and of any of my own property I bring onto the Employer's premises (including without limitation cars, packages or purses) may be inspected by the Employer at any time, and I waive and promise not to make any claims against the Employer (or its employees, directors, owners or agents) relating to such inspection.

I agree that before and during my employment, at the request and expense of the Employer, I will cooperate in such lawful medical tests (including blood, urine or other testing) as the Employer requests to check for drugs for alcohol in my system, or for any other physical condition. I waive and release and promise not to make any claims against the Employer (or any testing agency retained by it, or their employees, directors, owners or agents) relating to any such testing or from lawful decisions make regarding my employment or n of employment based upon the results of such testing or analysis.

I agree that except as prohibited by statute the Employer may, during or after my employment, disclose or discuss any information or opinions relating to me, or my employment, to employees of the Employer or third parties. I waive written or other notice of any such disclosure (including disciplinary matters), and I release and promise not to make any claims against the Employer (or its employees, directors, owners or agents) relating to any such disclosure or discussion.

I agree that I will not commence any action or suit relating to my employment with the Employer (or termination of the employment) more than six (6) months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within six (6) months after my employment ends will be barred.

I understand that my application for employment will be placed in an active status for a period of six (6) months during which time it will be reviewed as job openings occur in my area(s) of job interest, and after six (6) months I will need to reapply. I agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity shall not affect the validity of the rest of this agreement, and such tern shall be limited to allow its enforcement as far as legally possible. I understand and agree that no one other than the Board or Directors of the Employer, by a written resolution authorizing a contract with a specific named individual, has any authority to modify or announce modification of the above terms of employment and policies, or to make any exception to them, or to offer employment on any other terms. I understand and agree that, except as provided above, all benefits, programs, rules and policies of the Employer are subject to exceptions or change at will at any time as decided by the Employer.

If accepted for employment, I agree to work nights, summer holidays, Fridays, Saturdays and Sundays as scheduled.

Signature of Applicant: _____ Date: _____