Beech Bend Park & Splash Lagoon

Application for Employment

PLEASE PRINT ALL INFORMATION	Today's Date:
	-



All qualified applicants will be considered regardless of race, color, age, religion, sex, national origin, or disability. Applicants must be at least 14 years of age. We are an Equal Opportunity Employer.

Last Name	First		Middle	e				Socia	al Security Number
Present Address Cell Phone:	City		State	Zip)		(Area C Email:	ode) Telephone N	Number (Home)
Some positions rec	quire team members to	be a minimum age. l	Please i	dentif	y you	ır age	as of May	1st by filling in t	the appropriate
response:	O 14 years old	O 15 ye	ears old			O 10	6-17 years o	ld	O 18 + years old
Are you able to su	bmit verification of yo	ır legal right to work	in the	Unite	d Sta	tes an	d verificatio	on of your age?	O YES O NO
Education His	tory								
School	School Name	City & State	Last	t year		plete	d by June	Did you graduate?	Major or Specialt
High School			9	10	1	11	12		
College/Trade School			1	2	3	4	Graduate School		
•	en convicted of any law or NO If "YES", pl		a mino	r traff	ic vio	olation	n or are you	involved in any	pending criminal
Employment I	Desired								
Applying for:	Full Time	O Summer/Season	nal Full	time	(up to	o 40 h	ours/week)	C	Part Time
Based on your age	e, please identify area(s) of interest: O R	Ride Ope	rations	(16+	•)	O Food Serv	vice (14+)	O Ticketing/Retail (14+)
O Lifeguard (15+)	O Slide Attenda	ant (16+) O Maint	tenance	(18+)		O R	estroom Cust	odians (18+)	O EMT (18+)
Will you be able to	o work until the end of	the season in Septen	nber (W	eeker	ıds oı	nly af	ter Warren (County Schools	start)? YES or NO
If "NO", what will	be the latest date you	are available for wor	rk?					_	
Please indicate any	y dates and the reasons	that you will need to	be off	work	betw	een M	May and Sep	tember:	

Employment Record (Start with the most recent.)

				1		
From	Го			Employer		
Job Title				Employer Addre	ss & Phone	
Supervisor's Name				Duties		
Starting Salary/Wages						
Final Salary/Wages				Reason for leavi	ng	
From T	Го			Employer		
Job Title				Employer Addre	ss & Phone	
Supervisor's Name				Duties		
Starting Salary/Wages						
Final Salary/Wages				Reason for leaving	ng	
From T	Го			Employer		
Job Title				Employer Addre	ss & Phone	
Supervisor's Name				Duties		
Starting Salary/Wages						
Final Salary/Wages				Reason for leavi	ng	
References (Please d	lo not inclu	de relatives.)				
References (Please d	lo not inclu	de relatives.) <u>Phone Number</u>	How lo	ng have you this person?	<u>Occupation</u>	Type of Reference (School, Work, Personal)
· 	lo not inclu	,	How lo	ng have you		
· 	lo not includ	,	How lo known	ng have you		
"I certify that all the information, omissio employment may be and regulations, and without notice, at an my employment may "I also understand thand drug screening." Signature:	e informations, or misreterminated I agree that y time at eight be change that my emp."	Phone Number on submitted by me of epresentations are distant any time. In constant my employment and ther my or the compad, with or without ca	n this appliscovered, nosideration of decompensary's option use, and was all upon the decompensary's options.	ng have you this person? ication is true any application of my employmation can be to an it also under ith or without esuccessful con	Occupation and complete, and I may be rejected, an ent, I agree to conforminated, with or wrstand and agree that notice, at any time be appletion of a pre-em	understand that if any false d, if I am employed, my orm to the company's rules without cause, and with or at the terms and conditions of y the company."
"I certify that all the information, omissio employment may be and regulations, and without notice, at an my employment may "I also understand thand drug screening." Signature:	e informations, or misreterminated I agree that y time at eight be change that my emp."	Phone Number on submitted by me of epresentations are distant any time. In constant my employment and ther my or the compad, with or without castoloyment is conditional	n this appliscovered, nosideration of decompensary's option use, and was all upon the decompensary's options.	ng have you this person? ication is true any application of my employmation can be to an it also under ith or without esuccessful con	Occupation and complete, and I may be rejected, an ent, I agree to conforminated, with or wrstand and agree that notice, at any time be appletion of a pre-em	understand that if any false d, if I am employed, my orm to the company's rules without cause, and with or at the terms and conditions of y the company."
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