

Employee Application

Position applying for:

Date: _____

- _____ Ride Attendant
- _____ Certified Lifeguard (must be certified)
- _____ Cashier/ Airbrush Tattoo
- _____ Food Service
- _____ Parking lot attendant

*Note: Please number the above with 1 being your 1st choice, do not put a check mark or X....

Name: _____ Date of Birth: _____

How were you referred to us? _____ Age June 1st: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell Phone: (____) _____

Summer Address: _____

City: _____ Zip Code: _____ Phone: (____) _____

Salary Desired: _____

Have you ever applied to this company before? _____

Are you looking for _____ Full time (5 shifts per week up to 40 hours)

_____ Part time (2 to 4 shifts per week 20-32 hours)

Are you a full time student? _____

If yes, what school do you attend? _____

What day does school end? _____

What date will you be available to start work? _____

What is the last date you can work till? (The park is open till Labor Day)

Do you need time off for vacations or sports activities? _____
(This is for informational purposes only, if hired see handbook for coverage procedures.)

If yes, please list dates: _____

(You are required to find coverage for any and all dates you request off any unauthorized time off is considered unscheduled leave)

Employment History:

Are you presently employed? _____

If yes, may we inquire of your present employer? _____

Company Name: _____

Supervisor: _____ Phone Number: _____

List last employer:

Company Name: _____

Company Address: _____

Company Number: (____) _____ Supervisor: _____

Job Title and Description: _____

Personal References:

List below the names of two persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Known
1) _____	_____	_____	_____
2) _____	_____	_____	_____

Who can we contact in an emergency? Name, relationship and Phone #

I certify that the facts contained in this application are true and complete to the best of my knowledge. I give Water Wizz of Cape Cod my authorization to utilize all information given. I understand that Water Wizz will use this information to investigate previous employment. I release the company from all liability for any damages that may result from such information. Water Wizz of Cape Cod, Inc. is an Equal Opportunity Employer.

Signature: _____ Date: _____