



Beech Bend Park & Splash Lagoon Application for Employment



PLEASE PRINT ALL INFORMATION

Today's Date: _____

OFFICE USE ONLY
Interviewed by _____

Personal Information

Last Name First Middle Social Security Number

Present Address City State Zip (Area Code) Telephone Number

Date of birth (if under 18 or over 70): _____ Cell Phone or Pager: _____

Education History

Name and Location	From	To	Subjects Studied	Date graduated
High School				
College				
Other				

Have you ever spent a night in jail? **YES OR NO** If "YES", please explain: _____

Employment Desired

Applying for: Full time Summer/seasonal full time (up to 40 hours/week) Part time

Positions available: Ride Operators, Food Service, Life Guards, Ticketing, Gift Shop, Maintenance, Racetrack

Position Desired: 1st Choice _____, 2nd Choice _____, 3rd Choice _____

Will you be able to work until the end of the season in September? _____

If no, what will be the latest date you are available for work? _____

Please indicate any dates and the reasons that you will need to be off work between May and September:

All Beech Bend Park and Splash Lagoon employees will be expected to work all weekends and holidays including Memorial Day, Fourth of July, and Labor Day.

Special Skills or Training (That may qualify you for work with our company)

Employment Record (Start with the most recent.)

From	To	Employer
Job Title	Employer Address & Phone	
Supervisor's Name	Duties	
Starting Salary/Wages		
Final Salary/Wages	Reason for Leaving	

From	To	Employer
Job Title	Employer Address & Phone	
Supervisor's Name	Duties	
Starting Salary/Wages		
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From	To	Employer
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Supervisor's Name	Duties	
Starting Salary/Wages		
Final Salary/Wages	Reason for Leaving	

References (Please do not include relatives.)

Name	Address	Telephone	Years Known

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.”

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Employer Notes
