



Notice: Application must be filled out completely. Incomplete or illegible applications will not be accepted. Due to the nature of our seasonal business, first consideration will be given to applicants who have the earliest and latest available work dates.

DATE: _____

NAME: _____

PRESENT ADDRESS: _____
Last First MI

PERMANENT ADDRESS: _____
Street City State Zip

PHONE NUMBER: _____ E-MAIL: _____
Street City State Zip

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____

ARE YOU PERMITTED TO BE LAWFULLY EMPLOYED IN THE US? YES _____ NO _____

ARE YOU EMPLOYED NOW? YES _____ NO _____

IF YES, MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IF YES DISCRIBE IN FULL _____

*ANSWERING YES IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT

HAVE YOU APPLIED AT THUNDER FALLS BEFORE? YES _____ NO _____ WHEN? _____

HAVE YOU WORKED AT THUNDER FALLS BEFORE? YES _____ NO _____ WHEN? _____

PLEASE MARK THE POSITION(S) YOU ARE APPLYING FOR:

- LIFEGUARD/RIDE ATTENDANT _____ FIRST AID/NURSE/EMT _____ MANAGEMENT _____
- TICKET CASHIER _____ MAINTENANCE _____ GROUNDSKEEPER _____
- RETAIL CASHIER _____ WATER QUALITY TESTER _____ COOK _____
- FOOD & BEVERAGE CASHIER _____ KITCHEN PREP/CLEAN _____ BUS DRIVER/TRANSPORTATION _____

DESIRED PAY RANGE _____

THE **EARLIEST** DATE AVAILABLE? _____ THE **LATEST** DATE AVAILABLE? _____

WILL YOU NEED LOCAL HOUSING? YES _____ NO _____

HOW WILL YOU GET TO WORK? OWN VEHICLE _____ BIKE _____ WALK _____ OTHER _____

SPECIAL SKILLS, LICENSES, CERTIFICATIONS (please check all that apply):

- COMPUTER/POINT OF SALE SYSTEM _____ CPO _____ CERTIFIED LIFEGUARD _____
- SWIMMING _____ CPR _____ EMT/FIRST RESPONDER _____
- RN/LPN _____ CDL _____

COMPUTER (list software) _____

OTHER _____

LIFEGUARD CERTIFICATION THROUGH: _____

MILITARY SERVICES:

RANK: _____ BRANCH: _____ SPECIALTY: _____

ARE YOU PRESENTLY IN GUARD OR RESERVE? YES _____ NO _____

DO YOU HAVE A "SUMMER CAMP" SERVICE REQUIREMENT? YES _____ NO _____

EMPLOYMENT HISTORY
(List most recent employer first)

DATES OF EMPLOYMENT	NAME , ADDRESS & PHONE NUMBER OF EMPLOYER	PAY RATE/ SALARY	POSITION	REASON FOR LEAVING
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES

(List three people you are not related to who know your employment and personal background.)

NAME	ADDRESS	BUSINESS	NUMBER OF YEARS KNOWN	PHONE NUMBER OR E-MAIL ADDRESS

LIST BELOW THE SPECIFIC QUALIFICATIONS YOU FEEL YOU HAVE TO FILL THE POSITION(S) YOU ARE APPLYING FOR:

By signing this application, I give Thunder Falls permission to contact the employers and references I have listed on this employment application. I certify that all the information submitted by me on this employment 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.

Applicant's Signature: _____ Date: _____

Event Name: _____