



APPLICATION FOR EMPLOYMENT

This application is only active for 90 days after which time, if you have not heard from us and still wish to be considered for employment, it is necessary to complete a new application. The use of this application does not mean that there are positions open and does not obligate Wild Island in any way. Please PRINT all information and complete all questions.

APPLICANT INFORMATION

First Name:		Last Name:	
Mailing Address:			
City:		State:	Zip Code:
Phone No.:		Alt. Phone No.:	
E-Mail Address:			Birth date (if under 18): / /

Are you 21 years old or older (Check only if applying for Bartender or Cocktail Server)? Yes No

Are you able to submit verification of your legal right to work in the United States and verification of your age (see attached list)? Yes No

Have you ever been convicted of a felony? Yes No
If Yes, please explain: _____

Have you been employed previously by Wild Island? Yes No
If yes, please answer the following questions:

Dates of employment: _____ Department? _____ Supervisor? _____

Are you available to work: Full-time Part-time Both

Are you available to work weekends? Yes No

Are you available to work holidays? Yes No

What is your availability for work?

Use line 1 to circle day(s) available to work. Use line 2 to specify hours available to work on days circled (if hours are limited).

1	Sat.	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.
2							

Do you require specific dates/time off after hire date? Please list: _____

EDUCATION

High School:	Favorite Subject:
College:	Degree Focus:

INTERESTS/ACCOMPLISHMENTS

List your interests, special abilities, awards, and honors received: _____

EMPLOYMENT DESIRED

Please mark 1st choice with a **1**, 2nd with a **2**, and 3rd with a **3**.

14 & Older		16 & Older		18 & Older	
<input type="checkbox"/>	Operational Services	<input type="checkbox"/>	Coconut Bowl	<input type="checkbox"/>	Cook
<input type="checkbox"/>	Kitchen Runner (Water Park)	<input type="checkbox"/>	Golf/Arcade	<input type="checkbox"/>	First Aid
<input type="checkbox"/>	Cashier (Water Park)	<input type="checkbox"/>	Raceway	21 & Older	
15 & Older		<input type="checkbox"/>	Group Sales/Birthday Parties	<input type="checkbox"/>	Bartender
<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	Water Dog's Snack Bar	<input type="checkbox"/>	Cocktail Server

EMPLOYMENT HISTORY

Please list your previous employers beginning with the most recent one first. Include all employers from the last ten years. You may add additional pages if necessary.

From	Employer	Title	Job Duties
To	Address	Supervisor	
Wage	City, State, Zip	Phone Number	Reason For Leaving

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I certify that all statements given on this application are correct, and I realize that falsification or misrepresentation of this or any other personnel record may result in refusal to hire or dismissal whenever discovered. I understand that, if hired, my employment will be at will and may be terminated by me or Wild Island at any time with or without cause. If hired, I agree to abide to the all the rules and regulations as set forth in the Wild Island Employee Handbook and any addendums, and I acknowledge that the Wild Island Employee Handbook may be changed or withdrawn by Wild Island at any time without prior notice. I agree to the right of Wild Island to inspect, at its discretion, any company-operated quarters, rooms, or lockers provided for employees. I also acknowledge, as a condition of employment, that belongings of employees, including their automobiles, may from time to time be searched by authorized representatives of the Wild Island's security force. Also in the event of employment and in consideration thereof, Wild Island and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, any photograph of me or recording of my voice, without further compensation. Wild Island is an equal opportunity employer and does not discriminate in employment opportunities or practices because of race, color, religion, sex, sexual orientation, national origin, age, or disability.

Date: _____ Applicant Signature: _____