

# LOST ISLAND APPLICATION FOR EMPLOYMENT



**Please mail to:**  
 Lost Island Waterpark  
 2225 East Shaulis Road  
 Waterloo, IA 50701

PERSONAL					
NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY #	
ADDRESS		CITY	COUNTY	STATE	ZIP
SUMMER ADDRESS IF DIFFERENT FROM ABOVE				E-MAIL ADDRESS	
PHONE WHERE YOU CAN BE CONTACTED		EMERGENCY CONTACT & PHONE		US CITIZEN (CIRCLE ONE)	
				YES NO	

EMPLOYMENT RELATED		
POSITION FOR WHICH YOU ARE APPLYING	AVAILABLE START DATE	NUMBER OF HOURS AVAILABLE TO WORK
<input type="checkbox"/> Lifeguard (16+) <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Cashier <input type="checkbox"/> Park Services		

SKILLS & QUALIFICATIONS				
<b>LIFEGUARD CERTIFIED</b>	<b>CPR CERTIFIED</b>	<b>FIRST AID CERTIFIED</b>	<b>CASHIER EXPERIENCE</b>	<b>FOOD &amp; BEVERAGE</b>
CIRCLE ONE:	CIRCLE ONE:	CIRCLE ONE:	CIRCLE ONE:	CIRCLE ONE
NO	NO	NO	NO	NO
YES	YES	YES	YES	YES
SUMMARIZE ANY TRAINING, SKILLS, LICENSES/CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN A WATERPARK/AMUSEMENT FACILITY:				

EDUCATION & TRAINING					
TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	FROM	TO	DIPLOMA/DEGREE	MAJOR
HIGH SCHOOL/ GED					
TRADE SCHOOL/ COLLEGE					
OTHER (SPECIFY)					

**AN EQUAL OPPORTUNITY EMPLOYER**

## WORK EXPERIENCE - LIST, BEGINNING WITH MOST RECENT

NAME OF EMPLOYER			
ADDRESS		PHONE (     )	
DATES EMPLOYED		SALARY	
FROM	TO	STARTING	LEAVING
NAME OF SUPERVISOR			
DUTIES			
REASON FOR LEAVING		MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER			
ADDRESS		PHONE (     )	
DATES EMPLOYED		SALARY	
FROM	TO	STARTING	LEAVING
NAME OF SUPERVISOR			
DUTIES			
REASON FOR LEAVING		MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER			
ADDRESS		PHONE (     )	
DATES EMPLOYED		SALARY	
FROM	TO	STARTING	LEAVING
NAME OF SUPERVISOR			
DUTIES			
REASON FOR LEAVING		MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER			
ADDRESS		PHONE (     )	
DATES EMPLOYED		SALARY	
FROM	TO	STARTING	LEAVING
NAME OF SUPERVISOR			
DUTIES			
REASON FOR LEAVING		MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PERSONAL REFERENCES

NAME	PHONE (     )	NUMBER OF YEARS KNOWN
NAME	PHONE (     )	NUMBER OF YEARS KNOWN
NAME	PHONE (     )	NUMBER OF YEARS KNOWN

## APPLICANT'S CERTIFICATION - READ CAREFULLY BEFORE SIGNING

The information and answers to the questions asked in this application are true and complete. I understand that any incorrect or misleading information may be cause for dismissal, if hired. I grant permission to the employer to investigate my references, and I authorize my references to provide any information to the company that they deem appropriate. If made, this inquiry may include information as to my character, general reputation and personal characteristics. I understand and agree that my employment and compensation can be terminated at any time with or without cause at the option of either the company or myself.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

POSITION \_\_\_\_\_ P/T \_\_\_\_\_ F/T \_\_\_\_\_ RATE \$ \_\_\_\_\_

APPROVED BY \_\_\_\_\_ START DATE \_\_\_\_\_