

LOST ISLAND APPLICATION FOR EMPLOYMENT



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

ALL APPLICANTS MUST BE 16 YEARS OF AGE OR OLDER

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 <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Cashier <input type="checkbox"/> Park Services		

SKILLS & QUALIFICATIONS

LIFEGUARD CERTIFIED CIRCLE ONE: NO YES	CPR CERTIFIED CIRCLE ONE: NO YES	FIRST AID CERTIFIED CIRCLE ONE: NO YES	CASHIER EXPERIENCE CIRCLE ONE: NO YES	FOOD & BEVERAGE CIRCLE ONE NO 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

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
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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 _____