

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
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SKILLS & QUALIFICATIONS

LIFEGUARD CERTIFIED CIRCLE ONE: NO YES - WHEN _____	CPR CERTIFIED CIRCLE ONE: NO YES - WHEN _____	FIRST AID CERTIFIED CIRCLE ONE: NO YES - WHEN _____	CASHIER EXPERIENCE CIRCLE ONE: NO YES - WHEN _____
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 _____