PLEASE WRITE IN YOUR SHIRT AND SHORT SIZES

Shirt:

Short:

HURRICANE ALLEY WATERPARK

APPLICATION FOR EMPLOYMENT

<u>APPLICATION MUST BE HANDWRITTEN IN BLACK, BLUE INK OR TYPED</u>. If questions are not applicable to you, mark "N/A" in the blank. **DO NOT LEAVE QUESTIONS BLANK**. Be sure to sign this application when completed. <u>Hurricane Alley Waterpark is an Equal Opportunity Employer and</u> <u>does not discriminate on the basis of race, color, national origin, sex religion, age or disability in employment or the provision of services.</u>

APPLICANT INFORMATION

Name:				
	— • <i>i</i>			
Last	First	Middle		Maiden (If Applicable)
Residence:				
Street Address	Cit	Y	State	Zip Code
Contact Information:				
() -	() -		
Home Phone		Cell Phone		E-Mail Address
Have you ever used another name(s) or alias? If yes please list:				

ADDITIONAL INFORMATION

Please check the day(s) and write the time(s) you will be able to work?				
ANY	THU			
MON	FRI			
TUE	SAT			
WED	SUN			
Are you able to work: Memorial Day? 4 th of July? Labor Day?				
Are you at least: A) 16 years of age? B) 18 years of age?				
Can you s	vim?			
What position are you applying for?				
If offered a job, when would you be available to start work?				
Are you a U.S Citizen?				
If No, can you provide proof of your legal eligibility for employment in the U.S?				
Do you have reliable transportation?				
Have you ever been dismissed, discharged, fired or terminated by a previous employer?				
Have you ever applied for employment with Hurricane Alley before? Date(s):				
Have you ever been employed by Hurricane Alley before? Date(s):				
Do you have relatives that are currently employed or were previously employed by Hurricane Alley?				
If yes , please list the names of the relatives:				

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Visible tattoos or marking(s) which are generally not distractive or are not offensive in content and nature will not disqualify you from employment consideration.

Do you have any visible tattoos or markings that signify:

- An affiliation with a street gang or that are associated with organization that promotes crime?
- Any racial, ethnic superiority or separation?
- Any act, word or image which may be construed as sexually-oriented in nature?
- Any profane or morally offensive or possibly inappropriate in content for children to view?

Have you ever been convicted of a felony or misdemeanor or subjected to deferred adjudication on a criminal charge?

If **YES** explain in concise detail using the back of this page, give date(s) and nature of the offense(s), the name and location of the court, and the disposition of the case(s). A conviction may not disqualify your from employment consideration. Any <u>false statement</u> on this application for any reason will disqualify you from employment consideration.

EMPLOYMENT EXPERIENCE

Company:	Job Position:	
	Supervisor:	
Duties:		
Starting Pay:	_Start Date://_End Date:/_/_May we contact employer?	
Ending Pay:	_Reason for leaving:	
Company:	Job Position:	
Address:	Supervisor:	
Duties:	Phone:	
	Start Date:/End Date:/May we contact employer?	
Ending Pay:	_Reason for leaving:	
Company:	Job Position:	
Address:	Supervisor:	
Duties:	Phone:	
Starting Pay:	Start Date:/End Date:/May we contact employer?	
Ending Pay:	_Reason for leaving:	

EDUCATION

High School:		_City:
Dates Attended:	Have you graduated?	Degree:
List any honors:		
College/Trade School:		City:
Dates Attended:	Have you graduated?	Degree/Certificate:
College/Trade School:		City:
Dates Attended:	Have you graduated?	Degree/Certificate:

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SKILLS AND OTHER EXPERIENCE

Please summarize any other skills, experience, trade licenses or education you may have which may be considered.

I certify that the information that I have provided in connection with my application for employment, whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may disqualify me from employment consideration or, if hired, may result in termination of my employment. I authorize any person or entity referenced in this application to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. <u>I FURTHER RELEASE ALL SUCH PARTIES AND HURRICANE ALLEY WATERPARK FROM ANY LIABILITY WHATSOEVER FROM ANY AND ALL DAMAGES WHICH MAY RESULT FROM FURNISHING INFORMATION TO HURRICANE ALLEY WATERPARK OR ITS AGENTS AND REPRESENTATIVES.</u>

Signature:	Date:	

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HURRICANE ALLEY WATERPARK

BACKGROUND CHECK AUTHORIZATION and CONSENT for RELEASE of INFORMATION

I understand that the pre-appointment background check requires my full name, date of birth, and if applicable, driver's license number and social security number. I understand that the information I have provided may be verified by the contacting person(s) or organization(s) listed in the application, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize Hurricane Alley Waterpark to obtain an independent criminal background report. I further authorize the Company to request or receive information, including motor vehicle reports, past employment and education records, and/or references from any persons, school, or previous employers only if pertinent to my potential work. I understand that a credit report may be requested if my assignment includes that handling of money.

I certify that the entries made by me in this form are true, complete and accurate to the best of my knowledge, and are made voluntarily and in good faith. I understand that any false statements or answers by me may disqualify me for employment or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will prelude me from the opportunities with the Hurricane Alley Waterpark.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification, in the event such investigation negatively affect my placement as an employee.

APPLICANT INFORMATION

Print Name:	Signature:			
Social security number: Date of Birth:				
FOR OFFICE USE ONLY				
Screening performed by:	Date completed:			
References:	Additional info:			
Credit report:	Additional info:			
National Criminal background check:	Additional Info:			
National Sex offender Registry Check:	Additional Info:			
ADDITIONAL INFORMATION				

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