



Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information

Date _____

Name (Last Name, First Name, Middle Initial)		Email	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred by		

Employment Desired

Position (Circle all that apply.)	Driver	Office	Date you can start.	Desired Salary
<input type="checkbox"/> Gift Shop <input type="checkbox"/> Mini Golf <input type="checkbox"/> Landing <input type="checkbox"/> Other				
Are you currently employed?	YES NO	If so, may we contact your present employer?		YES NO
Are you willing to commit to work from Memorial Day to Labor Day?	YES NO	Can you work weekends?		YES NO
<i>Potential Drivers Only</i>				
How many tickets and points have you had in the past three years, if any?				
Driver's License No.	Date of Birth			
Do we have your permission to check your driving record?	YES NO			
If yes, sign here				

General Information

Do you have any physical limitations, injuries or medications that would prevent you from completing the tasks associated with the position you are applying for? (for example, lifting canoes, driving, etc...)	YES NO
List any talents or skills pertinent to this position.	
List any water related experiences you have. (Canoeing, boating, swimming...)	
U.S Military or Naval Service	Rank
List your hobbies and interests.	
Use the space provided to tell us about yourself and how you will fit in with our company.	

Continued on other side.

Former Employers (List below your last three employers, starting with the most recent one first.)

Month and Year	Name & Address of Employer	Direct Supervisor	Position	Salary	Reason for Leaving
From					
To					
From					
To					
From					
To					

Education History

	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Certifications				
Other				

References List below three people not related to you, whom you have known at least one year.

Name	Phone Number	Relationship	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representatives of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature _____

 Do Not Write Below This Line

Notes
