



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 |
| Gift Shop Mini Golf | Landing | 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

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