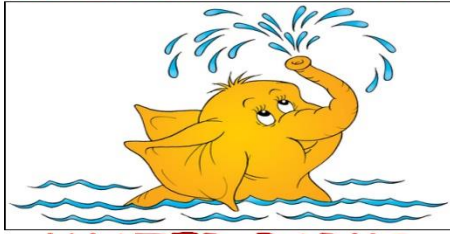


# SPLASH OF FUN



# WATER PARKS

## Splash of Fun Water Park

### Application for Employment

**Positions Available – Check 2 options you are seeking**

- Cashier** - Must be 16 years of age. Counting tills to ensure accuracy and park cash operations.  
 **Spotters** — Must be 16 years of age. Must be able to swim and be CPR Certified  
 **Food & Beverage** — Serving our guest appetizing food and beverage and cashiering.  
 **Lifeguard** —Responsible for guest safety in the water and on attractions. *Prerequisite: Lifeguard Certification*  
 **Park Services** — Maintaining cleanliness of park and all facilities, cutting grass, waste disposal.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Weekends  Holidays Start Date: \_\_\_\_\_

	Yes	No	N/A	
1				Do you have reliable transportation to work?
2				Have you filed an application here before? If so, what date?
3				Do you have any relatives currently employed here? If so, please name.
4				Have you ever been convicted of a crime?

Education History	School	Years Attended	Degree	Major
High School				
College				
Other				
Special Training or Certificates Earned:				

Employment Experience			
Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Phone #:			
Position Held	Starting Wage	Ending Wage	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Phone #:			
Position Held	Starting Wage	Ending Wage	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Phone #:			
Position Held	Starting Wage	Ending Wage	
Supervisor			
Reason for Leaving			

I authorize the management of Splash of Fun Waterparks to investigate, confirm, and supplement any information contained on this application and to contact former employers unless otherwise stated below.

Other Information You Would Like to Add:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Smiles are expected of all employees.**