

Application for Employment Sluggers & Putters Amusement Park

Please Complete All Information Requested

Your application will be considered active for thirty (30) days . For consideration after that, you must reapply.

General Information - ALL APPLICANTS MUST BE AT LEAST 16 YEARS OLD

Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Present Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____
Email _____

(Circle Yes or No)

Are you legally authorized to work in the United States? Yes No
Are you 18 years or older? Yes No
Have you ever applied for employment or been employed by us? Yes No

What position (s) are you applying for? (Circle all that apply)

Ride Attendant Food Service Maintenance Team Member
Party Host Sales Mechanic Lawn Maintenance

How were you referred to Sluggers & Putters Amusement Park?

- Newspaper
- Website
- Walk-In
- Referred
- Other

What type of employment are you seeking?

_____ Full time _____ Part time
_____ Temporary _____ Seasonal

What is the minimum number of hours you are available? _____

What is the maximum number of hours you are available? _____

When are you available to begin employment? _____

What is the last day you are available for the season? _____

(Season ends early November)

Can you work a flexible schedule? Yes No

(Different days and number of hours each week)? Yes No

Are you available to work: (Check all that apply)

- On call (short notice)
- Extended Hours
- Weekends
- Summer Holidays

Will you need time off for vacation, school activities or other requests?

If Yes, please list dates: _____

_____ (1)

When are you available to work? LIST DAYS &TIMES

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

WORK HISTORY:

(2)

Job 1
 Company Name _____ Phone _____
 Street _____
 City _____ State _____ Zip Code _____
 Supervisor Name _____
 Position Held _____ Wages _____
 Dates : From _____ To : _____
 Reason for Leaving : _____

Job 2
 Company Name _____ Phone _____
 Street _____
 City _____ State _____ Zip Code _____
 Supervisor Name _____
 Position Held _____ Wages _____
 Dates : From _____ To : _____
 Reason for Leaving : _____

May we contact your current employer? Yes / No

Personal References: Provide names of 2 people, not related to you

Name _____ Phone _____
 Street _____
 City _____ State _____ Zip Code _____
 How acquainted and how long?

Name _____ Phone _____
 Street _____
 City _____ State _____ Zip Code _____
 How acquainted and how long?

EDUCATION:

High School _____ **Dates attended** _____

Location: _____

Type of Course / Major _____ **Completed Degree** Yes / No

College / University _____ **Dates attended** _____ - _____

Location: _____

Type of Course / Major _____ **Completed Degree** Yes / No

Additional Training _____ **Yes/ No**

Special Skills

Do you have experience working with children? Yes No

Describe your experience working with children: _____

CPR Certified Yes No Expiration Date _____

First-Aid Certified Yes No Expiration Date _____

Food Safety Certified Yes No Expiration Date _____

Please list any special skills you have that you think would be valuable in a Family Entertainment Center:

Academic and Professional Activities

List academic and professional activities, achievements and awards.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a misdemeanor or felony ?

Yes No

Do you have a valid driver's license? Yes / No Driver License # _____

Do you own or have access to a vehicle in order to get to work? Yes No (3)

Type of Vehicle _____ Color _____ License Plate # _____

Signature _____ **Date** ___/___/___

