

Wake Zone Cable Park

EMPLOYMENT APPLICATION

POSITION APPLYING FOR:

PERSONAL INFORMATION

Name: _____

Address: _____

Social Security #: _____

Telephone: _____

E-mail: _____

I am an U.S. Citizen or otherwise authorized to work in the United States:

_____ Yes _____ No

Have you ever been convicted of a crime in the past _____ years:

_____ Yes _____ No

If yes, please explain: _____

Have you ever served in the U.S. Military:

_____ Yes _____ No

If yes, please provide details: _____

Have you ever wakeboarded behind boat or cable, and if so, what level – Beginner, Intermediate or Advanced?

Yes _____ Level _____ No _____

EMPLOYMENT HISTORY

Present Employer: _____

Address: _____

Position: _____

Salary: _____

Duties: _____

Employment Period: _____ to _____

Supervisor: _____

Reasons for Leaving: _____

Prior Employer: _____
Address: _____
Position: _____
Salary: _____
Duties: _____

Employment Period: _____ to _____
Supervisor: _____
Reasons for Leaving: _____

EDUCATION

High School : _____
Graduated: _____ yes _____ No
From _____ to _____.
Special honors or awards: _____

Graduated: _____ yes _____ No
From _____ to _____.
Degree or Certification: _____
Specialty: _____
Special honors or awards: _____

College or University:

Graduated: _____ yes _____ No
From _____ to _____.
Degree: _____
Major: _____
Special honors or awards: _____

POSITION INFORMATION

How did you hear about this job? _____
Days/Hours available to work: _____
Employment type desired: _____
Desired salary: _____

Please describe your skills: _____

I hereby acknowledge that my statements set forth in this application are true and complete to the best of my knowledge. I understand that any false statements made on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. By signing below, I also authorize Wake Zone Cable Park to conduct any background checks, including, but not limited to drug testing.

Please attach photo (optional):

Signature: _____ Date _____

Print Name: _____