

EMPLOYMENT APPLICATION

The Whales Tale Waterpark
 PO Box 67
 Lincoln, NH 03251
 Phone: (603) 745-8810
 Fax: (603) 745-6958
 info@whalestalewaterpark.net

Date: _____ Phone # _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Email Address: _____

Referred by: Newspaper: _____

Employee: _____

Other: _____

Positions you are applying for: 1
 (in order of preference) 2
3

Can you perform the essential function of the job for which you have applied? YES NO

Have you worked at Whales Tale before? NO YES When: _____ Department _____

Do you know any one that works at Whales Tale? NO YES Name and position _____

Dates Available for employment Start _____ End _____ List times available _____

Can you, after employment, submit verification of your legal right to work in the U.S.? YES NO

Are you 18 years of age or older? YES NO

Have you been convicted of a felony or a misdemeanor, within the past 5 years? YES NO

State the date of conviction and the nature of the offense: _____

EDUCATION

High School Name:	Years Completed
Location:	9 10 11 12
College/Specialized Training:	Year Completed

EMT CPR _____
 Keyboarding _____
 Foreign Languages _____
 Computers _____

Please note any special qualifications you may have: _____

PREVIOUS EMPLOYEMENT: Please completed all items, even if attaching a resume. Start with the most recent.

Company Name, Address & Phone #	Dates Employed	Title & Pay Rate	Supv's Name	Reason for leaving

May we contact your previous employer? _____ If no, why not? _____

Signature: _____ Date: _____

Some postions require reference & background check. I understand adhering to the company's grooming policy is a condition of employment and agree, if hired, to this standard. I certify that answers given herein are true and complete to the best of my knowledge. I understand that it's the policy of Whales Tale to provide equal opprtunity & make all employment decisions without regard to race, color, age, sex, marital status, ancestry, religion and national origin, citizenship or disability. I agree that my employment is for no definite period and maybe terminated at any time without previous notice. I fully agree to comply with all policies set forth.