



**EMPLOYMENT APPLICATION**

*ADVENTURE FUN PARK – SHREVEPORT*

*424 ASHLEY RIDGE BLVD*

*SHREVEPORT, LA 71106*

*318-606-2367*

DATE: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE YOU CAN BEGIN: \_\_\_\_\_

AVAILABILITY (WEEKDAYS/WEEKENDS): \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING FOR? (PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS UPON BEING MADE AN OFFER OF EMPLOYMENT MUST PRODUCE DOCUMENTS WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT

IN THE U.S.) YES OR NO

EDUCATION: PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 10 11 12

1. IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA?

YES NO

2. CIRCLE NUMBER OF YEARS OF POST-HIGH SCHOOL EDUCATION. 1 2 3 4

EDUCATION BEYOND HIGH SCHOOL:

NAME AND LOCATION OF INSTITUTION: \_\_\_\_\_

HOURS \_\_\_\_\_ DEGREE RECEIVED \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

PLEASE LIST ANY EXPERIENCE YOU HAVE WITH CUSTOMER SERVICE:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY MANAGEMENT EXPERIENCE YOU HAVE:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY EXPERIENCE YOU HAVE WORKING WITH CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS, WHETHER RELATED TO POSITION APPLIED FOR OR NOT. LIST MOST RECENT POSITION FIRST.

NAME OF EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYERS? **YES NO**

## REFERENCES

LIST TWO PEOPLE NOT RELATED TO YOU WHO CAN SERVE AS A REFERENCE REGARDING YOUR QUALIFICATIONS RELEVANT TO THE POSITION.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

### CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS FORM WILL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. ADVENTURE IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION DEEMED NECESSARY TO VERIFY THE INFORMATION RELATIVE TO MY EMPLOYMENT, WORK HABITS AND CHARACTER. I ALSO RELEASE ALL INDIVIDUALS, ORGANIZATIONS AND ADVENTURE FROM ANY LIABILITY FOR ANY CLAIM OR DAMAGE THAT MAY RESULT. I UNDERSTAND THAT EMPLOYMENT AT ADVENTURE IS AT WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_