

Lake Winnepesaukah Amusements, Inc. Employment Application

Lake Winnepesaukah Amusements, Inc. is an equal opportunity employer that recruits for all jobs without regard to race, color, sex, age, religion, handicap, national origin or any other basis protected by law.

WinnepeSPOOKAH AFTERMATH Application

PLEASE RESPOND TO ALL QUESTIONS AND PRINT CLEARLY

Personal Information:

Name (Last, First, Middle): _____ Nickname: _____

Address: _____
Street City State Zip Code

Home Phone Number: (____) _____ Social Security # _____

Cell Phone Number: (____) _____ Email Address: _____

Are you legally eligible for employment in the United States? Yes No

Are you 18 years of age? Yes No If not, what is your date of birth? _____ Age _____

Have you ever been convicted of any crime in the past ten years, excluding misdemeanors and summary judgments, which have not been annulled, expunged or sealed by a court? Yes No If you answered yes, explain: _____

Do you attend school? Yes No School Name: _____ Last Grade Completed _____

Emergency Contact Person: _____ (____) _____
Name Phone Number Relationship

Work Information:

Have you ever worked for Lake Winnepesaukah? Yes No What Year? _____ Department: _____

Supervisor: _____ Reason for leaving: _____

The haunt/position you desire? _____ Hours you can work? _____ Date available? _____

Friends and/or Relatives working for Lake Winnepesaukah: _____
Name Relationship

Employment Information:

Current/Previous Employer: _____ Employed From: _____ To: _____

Supervisor: _____ Phone Number: (____) _____ Pay Rate: _____

Job Title: _____ Reason for leaving: _____

Previous Employer: _____ Employed From: _____ To: _____

Supervisor: _____ Phone Number: (____) _____ Pay Rate: _____

Job Title: _____ Reason for leaving: _____

Previous Employer: _____ Employed From: _____ To: _____

Supervisor: _____ Phone Number: (____) _____ Pay Rate: _____

Job Title: _____ Reason for leaving: _____

The information I have provided on this application is true and complete to the best of my knowledge. I authorize investigation of all statements and facts on this application, and I waive all rights and claims I may otherwise have against the employer for seeking and using this information to evaluate my request for employment. I understand that false, incomplete or misrepresentations in information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment. I understand that a pre-employment survey and a drug screen might be required as a condition of employment. If I am employed, I understand I am employed "at will" and that my employment, including a 90 day trial probationary period, can be terminated at anytime with or without cause and with or without notice.

Applicant's Signature: _____ Date: _____