

**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 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: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_