



North Texas Jellystone Park/ Pirates Cove Fun Zone of Burleson, Texas

Date _____

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, nation origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Position Applied For _____

Name _____

Telephone Number () _____ -- _____

Present Address (Street, Apt. or Unit No.) _____

City / State / Zip _____ Desired Salary _____

Email address _____

Are you able at the time of employment to submit verification of your legal right to work in U.S.? *(Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)* Yes No

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Do you possess a valid driver's license? Yes No

Type of employment desired? Full time ___ Part time ___ Seasonal ___ Work Camper ___

(Specify available Hours) _____ Season hired for Memorial Day-Labor Day _____

Are you related to anyone currently employed at the Resort? Yes No

List special technical skills that you feel qualify you for the job for which you are applying (i.e. computer programming/language, software, equipment operation, special tools or machines, etc.) _____

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade Or Post College					

Honors Received _____

Work Experience

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

Name _____ Address _____ Type of Business _____

Phone (____) _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Supervisor's Name _____

May we contact? Yes No

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

Employer

Name _____ Address _____ Type of Business _____

Phone (____) _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Supervisor's Name _____

May we contact? Yes No

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

Employer

Name _____ Address _____ Type of Business _____

Phone (____) _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Supervisor's Name _____

May we contact? Yes No

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

References

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship	Telephone#

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be requiring signing confidentiality, non-competing, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary acting, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME.?

I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand this Company hires only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____

Signature of Company Representative _____ Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant’s parent or legal guardian. Signature by the applicant’s parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, or local law, a test the applicant for controlled substances, conduct inspections of property without notice, communicate screen results to Company personnel who need to know, the applicant, and the applicant’s legal guardian.

Parent/Legal Guardian _____ Date _____

Witness _____ Date _____

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF POLYGRAPH OR SIMILAR TESTS AS WELL.
THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.