



**2010 SEASONAL
EMPLOYMENT APPLICATION
(LOCAL EMPLOYEE ONLY)**

Dept:
Start Date:
Employee # Office Use Only

GENERAL INFORMATION:

Name (First, Middle Initial, Last)		Age (Optional) Date of Birth
_____		____/____/____
Current Address		Home Phone No. (Include Area Code)
_____		() _____
City State Zip		Cell Phone No. (Incl. Area Code)
_____		() _____
Social Security Number		E-Mail Address
____/____/____	Do You Have Reliable Transportation?	_____ @ _____
	Yes _____ No _____	Emergency Telephone Number
		() _____
Have you ever been employed by Adventureland before? Yes _____ No _____		
When _____ What Department(s) did you work in? _____		
Have you been convicted of any crime other than a minor traffic violation? Yes _____ No _____		
When _____ Where _____		
Nature of Crime(s) _____		

EDUCATION:

Name & Location of school attended:	Highest Grade Completed
_____	8 9 10 11 12 13 14 15 16 >

AVAILABILITY:

Seasonal positions are available from April 24th to September 26th, 2010. Our season begins with part-time weekend operations, full-time from mid May through late August and part-time weekends in September.

Would you be available: _____ Days (Open to 3:00) _____ Evenings (3:00 to Close) _____ Weekends

Specific days/time periods you are **NOT** available: Please note that Adventureland will be hiring primarily individuals who can work five-six days/week and have flexible hours during full time operation.

DEPARTMENT/START DATE:

What department interests you?

Why are you interested in the above department?

Do you want to start work opening weekend in late April? Yes _____ No _____

If no, when would you like to begin work? _____

All employees hired for a seasonal position are not promised employment for any specific period of time but are considered to be at-will employees, as is true of all Adventureland Employees. At-will employment means that you or Adventureland can terminate your employment for any reason at any time.

EMPLOYMENT EXPERIENCE: (If no previous employment - list two references - #1 being school counselor)

#1
EMPLOYER _____ ADDRESS _____
POSITION HELD _____ SUPERVISOR _____
DATES EMPLOYED: FROM _____ TO _____ PHONE NUMBER () _____ - _____
RATE OF PAY _____ REASON FOR LEAVING _____

#2
EMPLOYER _____ ADDRESS _____
POSITION HELD _____ SUPERVISOR _____
DATES EMPLOYED: FROM _____ TO _____ PHONE NUMBER () _____ - _____
RATE OF PAY _____ REASON FOR LEAVING _____

REFERRAL SOURCE

How were you referred to Adventureland?

____ Walk-in ____ Work Force of Iowa ____ Internet Web Site
____ Employee - Name: _____
____ Relative - (Name if employed by Adventureland) _____
____ High School - Name: _____ College/University - Name: _____
____ Advertisement - Name of Source: _____ Other: _____

Please read the following and then sign and date:

I have read the above, and completed the application, and to the best of my knowledge, the information herein is complete and true. I authorize investigation of all statements. I understand that if I provide any false or misleading information in support of my application or during any employment that I may have with Adventureland, the company retains the right to refuse to hire me or to terminate my employment as a result of such falsification. I also understand that this application creates no contractual obligations on the part of Adventure Lands of America Inc. d.b.a. as Adventureland Park (Company) or its employees, and the employment relationship is "at will" and may be terminated at any time by either party for any reason. I agree to abide by all policies and practices of the Company if I am hired. I further grant Adventure Lands of America, Inc. and its affiliates, tenants and assigns, the right to photograph and to use my likeness for advertising or publicity purposes.

Applicant Signs Here _____ today's Date ____/____/____

**We appreciate your interest and time you have taken
in preparing this application.
Thanks!**

FOR OFFICE USE ONLY:

