APPLICATION FOR EMPLOYMENT



| DATE: | | | | | | |
|--|---|--------------------|------------------|----------------------------|-----------|----------------------------|
| LAST NAME: | FIRST NAME: | | | MIDDLE NAME: | | AGE (IF UNDER 18): |
| ADDRESS: | CITY: | | | STATE: | | ZIP CODE: |
| TELEPHONE: | EMAIL ADDRE | IL ADDRESS: WORK I | | | | WORK PERMIT (IF UNDER 18): |
| POSITION APPLIED FOR: | DESIRED RATE | E OF PAY: | | HOW DID YOU HEAR ABOUT US? | | |
| HAVE YOU EVER BEEN CONVICTED OF | R BEEN CONVICTED OF A CRIME?* *Do not include convictions that were sealed, eradicated, erased, annulled by a court, expundged, or resulted in referral to a diversion program. A Yes answer does not automatically disqualify employment. | | | | | |
| In compliance with federal law, all a and to complete the required emp | | | | | y to worl | k in the United States |
| EDUCATION: | NAME AND ADDRE | ESS OF SCHOOL: | COURSE OF STUDY: | | DY: | HIGHEST DEGREE COMPLETED: |
| HIGH SCHOOL: | | | | | | |
| COLLEGE: | | | | | | |
| TRADE SCHOOL: | | | | | | |
| OTHER: | | | | | | |
| WORK EXPERIENCE: Please lilst employ | met history beginnii | ng with most rece | nt job. | | | |
| DATES EMPLOYED: FROM AND TO | NAME AND ADDRE | SS OF EMPLOYER | • | POSITION: | | REASON FOR LEAVING: |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DESCRIBE ANY SPECIALIZED TRAINING | i, APPRENTICESHIPS | S, SKILLS AND EXT | RA-CURRICU | JLAR ACTIVITIES: | | |
| Personal and Professional References | | | | | | |
| OTHER: | PHONE NUMBER: | | BUSINESS: YEA | | YEAF | RS AQUAINTED: |
| OTHER: | PHONE NUMBER: | | BUSINESS: YEA | | YEAF | RS AQUAINTED: |
| OTHER: | PHONE NUMBER: | | BUSINESS: YEA | | YEAF | RS AQUAINTED: |
| OTHER: | PHONE NUMBER: | | BUSINESS: | | YEAR | RS AQUAINTED: |



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| An associates' work availability is very important in the selection criteria. Part-time positions are available. | | | | | | | | |
|---|-------------|---------------------|-------|----------------------|--|--|--|--|
| | | | | | | | | |
| Requested time off in writing upon approval of supervisor not listed after application. | START DATE: | END DATE: | | REQUESTED DATES OFF: | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CAN YOU PERFORM ALL THE REQUIREI ACTIVITIES OF YOUR REQUESTED JOB? | YES: | | NO: | | | | | |
| IF NO, PLEASE LIST THE ACCOMMODATIONS REQUIRED TO PERFORM THE TASKS OF YOUR REQUESTED JOB: | | | | | | | | |
| | | | | | | | | |
| HAVE YOU PREVIOUSLY BEEN EMPLOY PARK OR MAGIC FOREST THEME PARK | YES OR NO: | REASON FOR LEAVING: | | | | | | |
| | | | | | | | | |
| I have answered the above questions without reservation and agree, if employed, to abide by all present and future rules of the company. I understand that accuracy is essential in answering the questions, and hereby give authorization to check references given. | | | | | | | | |
| | | | | | | | | |
| APPLICANT SIGNATURE: | | | DATE: | | | | | |
| | | | | | | | | |
| A DDI ICANIT CICNIATUDE: | | | DATE | | | | | |
| APPLICANT SIGNATURE: | | | DATE: | | | | | |
| | | | | | | | | |

Complete the application and send to Lake George Expedition Park by way of the following methods:

Mail to: Lake George Expedition Park 10302 State Route 149 Fort Ann, NY 12827

OR

Email to: Info@LGEPark.com

