APPLICATION FOR EMPLOYMENT



DATE:								
LAST NAME:	FIRST NAME:			MIDDLE NAME:		AGE (IF UNDER 18):		
ADDRESS:	CITY:			STATE:		ZIP CODE:		
TELEPHONE:	SOCIAL SECUR	SOCIAL SECURITY NUMBER:				WORK PERMIT (IF UNDER 18):		
POSITION APPLIED FOR:	DESIRED RATE	DESIRED RATE OF PAY: HOW DIE				YOU HEAR ABOUT US?		
HAVE YOU EVER 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					to work	in the United States		
EDUCATION:	NAME AND ADDRE	ME AND ADDRESS OF SCHOOL: COURSE OF STUDY:				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, APPRETICESHIPS, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:								
Personal and Professional References								
OTHER:	PHONE NUMBER:		BUSINESS:		YEAR	RS AQUAINTED:		
OTHER:	PHONE NUMBER:		BUSINESS: YEA		YEAR	RS AQUAINTED:		
OTHER:	PHONE NUMBER:		BUSINESS: YEA		RS AQUAINTED:			
OTHER:	PHONE NUMBER:		BUSINESS: YEAF		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 REQUIRE 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:						
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Complete the application and send to Lake George Expedition Park by way of the following methods:

Mail to: Lake George Expedition Park 1912 State Rte 9 Lake George, NY 12845

OR

Email to: Info@LGEPark.com

