

# Water Wizz Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age June 1: \_\_\_\_\_

Permanent Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Summer Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Please **choose** job(s) applying for below **in order 1,2,3.** 1 being your first choice.  
See job descriptions for details. \*

- \_\_\_\_\_ Ride Attendant
- \_\_\_\_\_ Certified Lifeguard
- \_\_\_\_\_ Cashier
- \_\_\_\_\_ Snack Bar

\*Note: Please number the above do not check or x.

Have you ever applied to this company before? \_\_\_\_\_

Are you looking for \_\_\_ Full time (5 shifts per week)  
\_\_\_ Part time (2 to 4 shifts per week)

Are you a full time student? \_\_\_\_\_

If yes, what school do you attend? \_\_\_\_\_

What day does school end? \_\_\_\_\_

What date will you be available to start work? \_\_\_\_\_

What is the last date you can work till? (The park is open till Labor Day) \_\_\_\_\_

Do you need time off during the summer for vacations or sports activities? \_\_\_\_\_  
(Any unauthorized time off is considered unscheduled leave)

If yes, please list dates: \_\_\_\_\_

**Employment History:**

Are you presently employed? \_\_\_\_\_

If yes, may we inquire of your present employer? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

List last 2 employers:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_(\_\_\_\_\_) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title and Description: \_\_\_\_\_

\_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company Phone Number:** \_(\_\_\_\_\_)\_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Job Title and Description:** \_\_\_\_\_

\_\_\_\_\_

**Personal References:**

**List below the names of three persons not related to you, whom you have known at least one year.**

	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Years Known</b>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**Have you ever been convicted of any law violation?** \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_

**Who can we contact in an emergency? Name and Phone #**

\_\_\_\_\_

**I certify that the facts contained in this application are true and complete to the best of my knowledge. I give Water Wizz of Cape Cod my authorization to utilize all information given. I understand that Water Wizz will use this information to investigate previous employment. I release the company from all liability for any damages that may result from such information. Water Wizz of Cape Cod, Inc. is an Equal Opportunity Employer.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_