



JELLYSTONE CAMP-RESORT
5964 S STATE ROAD 109
KNIGHTSTOWN, IN 46148

SEASONAL APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

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FULL NAME

SOCIAL SECURITY NUMBER

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CURRENT ADDRESS

CITY

STATE

ZIP CODE

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PERMANENT ADDRESS

CITY

STATE

ZIP CODE

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HOME NUMBER

MOBILE NUMBER

EMAIL ADDRESS

EMPLOYMENT DESIRED

I UNDERSTAND THAT THIS POSITION IS PART-TIME SEASONAL EMPLOYMENT ONLY. I UNDERSTAND THAT THIS POSITION REQUIRES ME TO WORK ON THE THREE-DAY WEEKENDS OF MEMORIAL DAY, JULY 4TH, LABOR DAY AND HALLOWEEN.

INITIALS

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REQUESTED POSITION

START DATE

HOURLY RATE DESIRED

HAVE YOU APPLIED OR WORKED FOR JELLYSTONE TO BEFORE (YES/NO)?

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LOCATION

DATE RANGE

EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED (YES/NO)?

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER (YES/NO)?

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EMPLOYER **MANAGER** **PHONE NUMBER**

LIST THE LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST

| DATE RANGE | NAME & CITY OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------|-------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

EDUCATION HISTORY

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | GRADUATE? | DEGREE? |
|-----------------------------|----------------|-----------|---------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE OR BUSINESS | | | |

GENERAL INFORMATION

DESCRIBE SPECIAL SKILLS OR TRAINING FOR THE POSITION

DESCRIBE ANY MILITARY SERVICE

REFERENCES

PROVIDE TWO REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

| NAME | PHONE | RELATIONSHIP | YEARS KNOWN |
|-------------|--------------|---------------------|--------------------|
| | | | |
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EMERGENCY CONTACT

PROVIDE AT LEAST ONE EMERGENCY CONTACT (REQUIRED UNDER 18 YEARS)

| NAME | PHONE | RELATIONSHIP |
|-------------|--------------|---------------------|
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VERIFICATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCE AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I UNDERSTAND THAT THIS EMPLOYER WILL PERFORM A BACKGROUND CHECK

INITIALS

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

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SIGNATURE

DATE

FOR OFFICE USE ONLY

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| | REVISED 04.21.2018 - cjb |
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