



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (Last)	First	(Middle)	Date	/	/
Home Address		City	State	Zip	
Home Telephone () ()	Cellular Phone () ()	Business Phone () ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail: _____		Facebook User Name: _____	Instagram User Name: _____		
Twitter Handle: _____					

Position Applying For	Date Available	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer						
Days and hours available. Complete if applying for restaurant position.								
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (no one underage 16 may be hired)
From								
To								
How were you referred to us?								

EDUCATION

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (Check One)	
High School	Name		Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City		State	Zip			
College	Name		Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City		State	Zip			
Graduate School	Name		Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City		State	Zip			
Other	Name		Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City		State	Zip			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)	
Were you ever discharged by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of company(ies) _____	
Reason for discharge _____	
Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a misdemeanor <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in full: at any time within the past 5 years? _____	
Have you been convicted of or plead guilty to (including a plea of nolo contendere) a felony (you are not obligated to disclose sealed, erased or expunged records of conviction(s) or records of arrests or criminal charges which did not result in a conviction)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain offense and final disposition: _____	
(A conviction will not necessarily disqualify an applicant from employment.)	

(CONTINUE ON BACK IF NEEDED)

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any other protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.

EMPLOYMENT HISTORY

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis.

Is any additional information relative to a different name necessary to check your work record?

If yes, explain. Yes No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____ mo. yr.	Name _____ Address _____ City & State _____ Phone _____ mo. yr. ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: _____ mo. yr.	Name _____ Address _____ City & State _____ Phone _____ mo. yr. ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: _____ mo. yr.	Name _____ Address _____ City & State _____ Phone _____ mo. yr. ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: _____ mo. yr.	Name _____ Address _____ City & State _____ Phone _____ mo. yr. ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	

Have you previously worked for Ocean World

Yes No

Name _____ Location _____

City & State _____ Position Held _____

Supervisor _____ Dates Employed From: _____ To: _____

Reason for Leaving _____

REFERENCES

Business references: (do not list relatives)

Name	Address	Work Phone No.	Title	Years Known

PLEASE READ CAREFULLY

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Ocean World

I understand and agree that if employed, employment will be "ATWILL." That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

APPLICANT'S SIGNATURE _____

DATE SIGNED _____