



City of Somerset Waterpark Employment Application

Somersplash Waterpark somersplash.com (606) 679-7946

Today's Date _____

We do not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth, pregnancy/childbirth related medical conditions, age, or disability or any other protected class. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process contact City Hall at (606) 679-6366.

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

FULL NAME: _____ SOCIAL SECURITY # _____

PERMANENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____) _____ CELL PHONE:(____) _____

EMAIL: _____

Have you ever been employed with our company? YES NO If yes, list department and dates of employment-

Were you referred by a current or former staff member? YES NO Whom?

How did you learn about us?

Have you ever had any job-related training in the United States Military YES NO If yes, please describe _____

Do you have a driver's license? YES NO State _____

Are you able to submit verification of your legal right to work in the United States and verification of you age?
 YES NO

EDUCATION

SCHOOL	SCHOOL NAME	CITY&STATE	LAST YEAR COMPLETED BY JUNE 1ST					DID YOU GRADUATE	MAJOR OR SCPECIALTY	LIST SPECIAL ABILITIES, HOBBIES, ACTIVITIES, AWARDS OR HONORS
HIGH SCHOOL			9	10	11	12				
COLLEGE/TRADE SCHOOL			1	2	3	4	Graduate			

Are you currently a full-time student? YES NO

ADDITIONAL SPACE IF NEEDED _____

EMPLOYMENT HISTORY - LIST LAST TWO EMPLOYERS

DATES EMPLOYED	COMPANY NAME	POSITION HELD	SUPERVISOR'S NAME	PHONE NUMBER	PAY RATE	REASON FOR LEAVING

REFERENCES - LIST TWO WORK,SCHOOL,OR PERSONAL REFERENCES WHOM WE MAY CONTACT - DO NOT LIST RELATIVES

NAME	PHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	OCCUPATION	TYPE OF REFERENCE (SCHOOL, WORK, PERSONAL)

AVAILABILITY

Can you work until Labor Day? <input type="checkbox"/> YES <input type="checkbox"/> NO	First Date Available: _____
Date you can begin working every day (school ending date)? _____	Last Date Available: _____
Until what date can you work every day (school starting date)? _____	
Are you available all times & days from late May to Labor Day? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide dates:	

JOB PREFERENCES

Would you accept any positions? YES NO Indicate up to 3 choices in numerical order of preference (i.e. 1= first choice)

AQUATICS (must be 16 years old)	ADMISSIONS	CONCESSIONS	MAINTENANCE (must be 18 years old)
Lifeguard, Are you certified? (Bring to interview) <input type="checkbox"/> CPR/AED <input type="checkbox"/> Lifesaving/First Aid <input type="checkbox"/> Need certification training*	Admissions Employee	Concessions Employee	Maintenance/ Grounds Crew
	Admissions Supervisor	Concessions Supervisor	
Shallow Water Guard, Are you certified? (Bring to interview) <input type="checkbox"/> CPR/AED <input type="checkbox"/> Lifesaving/First Aid <input type="checkbox"/> Need certification training*			
Aquatics Supervisor			

Why are you interested in these jobs?

Please check any of your Special Skills , Experiences or Interests

Swimming _____/Cooking_____/Cashier_____/Ground & Machinery_____

Other: _____

Please rate yourself (1-5 with 1 being uncomfortable and 5 being most comfortable) in the following situations:

Working under pressure:_____ Money Handling:_____ Getting along with people:_____ Smiling:_____

Following directions:_____ Patience with small children:_____ Being friendly & helpful:_____ Learning new tasks:_____

* SomerSplash Waterpark will offer training for aquatic certification courses if/when applicant is hired.

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the answers given herin are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

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

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the City is of an "at-will" nature, which means that either the employee may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that before beginning employment I must pass a preemployment drug test and any other applicable testing for the position.

I understand that this application is the property of the employing City. This application must be signed and dated elow before I will receive consideration for employment.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the City representative for details.