



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

2019 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

EMERGENCY CONTACT

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

NAME	PHONE	RELATIONSHIP

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