



Stand Rock Road and Broadway
at the Wisconsin River Bridge
608-254-8414

APPLICATION FOR EMPLOYMENT (Please mail to address below)

(PLEASE, WRITE NEATLY & CIRCLE YOUR RESPONSES)

DATE OF APPLICATION: ____/____/____

NAME: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) ____-____ OTHER PHONE: (____) ____-____

E-MAIL ADDRESS: _____

Position Desired: (please circle at least one)

TICKET SALES, LANDSCAPING, RIDE ATTENDANT, MAINTENANCE

How were you referred to Timber Falls Adventure Park? _____

If you are under 18, can you obtain a work permit? YES NO N/A

Have you ever been employed here before? If so, when? YES NO

Do you have a valid drivers license? (Some positions require) YES NO

Do you have a reliable way to work each day? If not, why? YES NO

Have you been convicted of a felony in the last seven years? YES NO

If yes, please explain (Such conviction may be relevant if job-related, but does not bar you from employment.) _____

AVAILABILITY:

What type of employment do you desire? Full Time Part Time

(Please note: All positions are seasonal in nature.)

In general, when are you available? Days Nights Weekends Anytime

Are you able to work Memorial Day, July 4th and Labor Day Weekends? YES NO

EDUCATIONAL BACKGROUND:

High School: _____ Location: _____

Number of Years Completed: _____ Did you graduate? YES NO

College: _____ Location: _____

Number of Years Completed: _____ Did you graduate? YES NO

Course of Study: _____

Other Education: _____

EMPLOYMENT HISTORY: (Please begin with your most recent position.)

1. COMPANY NAME: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) ____ - ____ Immediate Supervisor: _____

Month/Year Hired: ____/____ Month/Year End of Employment: ____/____

Job Title: _____ Reason for leaving: _____

Job Responsibilities: _____

2. COMPANY NAME: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) ____ - ____ Immediate Supervisor: _____

Month/Year Hired: ____/____ Month/Year End of Employment: ____/____

Job Title: _____ Reason for leaving: _____

Job Responsibilities: _____

3. COMPANY NAME: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) ____ - ____ Immediate Supervisor: _____

Month/Year Hired: ____/____ Month/Year End of Employment: ____/____

Job Title: _____ Reason for leaving: _____

Job Responsibilities: _____

REFERENCES:

Please list the name and phone number of two people that we may contact.

1.

2.

By signing below, I certify that all information is correct to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and termination of employment, if so employed. I understand that I am free to resign at any time, and that the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice.

Signature of Applicant: _____

Date: ____/____/____

Mail to:

Timber Falls Adventure Park

Attention: Human Resources

P.O. Box 450

Wisconsin Dells, WI 53965