

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

West Boggs Park  
P O Box 245  
Loogootee, IN. 47553

**Position Desired (Check all that apply) Position may require working Hoidays, weekends &/or Evening.**

- Customer Service (Gate Attendant)  Beach Concessions  Programs  Security (nights)  Office Assistant  
 Housekeeping (Maint.Cleaning)  Lawn & Maintenance  Camp Store/Putt-Putt

**Personal Information (Print Legibly)**

Name \_\_\_\_\_  
First M.I. Last Nickname

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_ Message # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_ License Valid?  Yes  No, Why?

Have you been convicted of a crime in the past ten years, excluding misdemeanors?  No  Yes, Describe in detail

Indicate any days or times you would **not** be able to work and why: \_\_\_\_\_

**Skills, Qualifications, Special training & work experience** \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	STUDY	GRADUATE	DEGREE/DIPLOMA
-----------	---------------------------	-------	----------	----------------

High School \_\_\_\_\_

College \_\_\_\_\_

Trade \_\_\_\_\_

Other \_\_\_\_\_

**REFERENCES** *Work* Name/Title \_\_\_\_\_ Business \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Title \_\_\_\_\_ Business \_\_\_\_\_ Phone # \_\_\_\_\_

*Personal* Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYMENT** Please give accurate, complete full-time and part-time employment record.  
Start with present or most recent employer.

1) Company Name _____	Phone ( _____ ) _____
Address _____	Employed from _____ to _____
Name of Supervisor _____	Weekly Pay Start _____ Last _____
2) Company Name _____	Phone ( _____ ) _____
Address _____	Employed from _____ to _____
Name of Supervisor _____	Weekly Pay Start _____ Last _____
3) Company Name _____	Phone ( _____ ) _____
Address _____	Employed from _____ to _____
Name of Supervisor _____	Weekly Pay Start _____ Last _____

We may contact the employers listed above unless you indicate those you do not want us to contact <b>DO NOT CONTACT</b> Employer Number(s) _____ Reason _____

**ACKNOWLEDGEMENT:**

All applicants are considered for position without regard to race, color, religion, sex, national origin, age, and marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Verification of eligibility to work in the U.S. will be required if an employment offer is made.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize this company to:

- 1) Investigate the truthfulness of all statements made on this application.
- 2) Contact my former employers and other listed references or any other persons who can verify information;
- 3) Discuss the results of any investigation with other employees of this company involved in the hiring process.
- 4) Check my driving record, if applicable for the target job; and
- 5) Check my criminal record. In addition, I give consent for all contacted persons including former employers to provide the information concerning this application, and I release each such person from liability for providing information to this company.

*I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment in accordance with company policy.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR EMPLOYER'S USE ONLY**

Appointment Date _____	Appointment Time _____
Position(s) _____	Name _____

**Reference Check**

<i>PERSON CONTACTED</i>	<i>RESULTS</i>

**Interview Results**


Interviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

Hired  No  Yes, Start date \_\_\_\_\_

**Forms given to hired employees:**

- 1) Copy of Driver's License
- 2) Policy and Procedures
- 3) Indiana New Hire
- 4) W-4
- 5) Personal Contact Form
- 6) Acknowledgement of the Policy and Procedures (Must be signed and returned to Supervisor within 5 days)
- 7) IN Employer Information Questionnaire (required)