



# EMPLOYMENT APPLICATION



## PERSONAL INFORMATION

Last Name	First	M.I.	Date
Home Address			
City	State	Zip	
Phone	E-mail Address		
Will you be over 18 years old by March 1?    YES                  NO			

## INFORMATION RELEASE

I have applied for employment at the Gulf Adventure Center by completing an application form. I understand that employees of the Gulf Adventure Center may wish to contact my former employers, teachers, and references as indicated on the application to inquire about my past work record and characteristics as they relate to the position for which I am applying. I hereby allow the Gulf Adventure Center to make reference checks and background checks as pursuant to this application. I understand that the purpose of this inquiry will be to obtain information so that my qualifications will be reviewed, evaluated, and considered. In signing this waiver, I expressly authorize the Gulf Adventure Center to make these inquiries. This information will be kept confidential.

Signature	Date
<small>Click red arrow in signature box. In "Sign as:" field, select new ID from menu. In the "Add Digital Id" box, select "A new digital ID I want to create now" then click next and follow instructions.</small>	

## REFERENCES

Full Name	Relationship
Company and Position	Phone
Email	
Full Name	Relationship
Company and Position	Phone
Email	
Full Name	Relationship
Company and Position	Phone
Email	

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Start/End: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Start/End: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Start/End: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

## JOB INFORMATION

How did you learn about the Gulf Adventure Center

Please describe in detail how many hours you are looking to work per week and what your availability will be throughout the week.

Hours per week:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

What date are you available to start?

What date will you no longer be available to work?

Please describe any zipline/high ropes/camping experience that you may have, including resident/day camps, years of experience, positions held, etc.

Please answer on a separate page (or document) each of these questions to the best of your ability and return with your application:

1. What do you think will be the 3 most challenging aspects of the role?

2. What do you think will be the 3 most enjoyable aspects of the role?

3. Why do you want to work at the Gulf Adventure Center?

4. What makes you the best person for this job?

#### **CERTIFICATIONS**

Certification

Renewal Date

Certification

Renewal Date

Certification

Renewal Date

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I understand that, if offered a position at the Gulf Adventure Center, I will be permitted to work only upon providing documentation establishing my identity and legal authorization for employment in the United States (examples include a social security card, valid driver's license, citizenship papers, valid visa, or a work permit.) I attest that the information supplied on this application is true and correct. In signing this, I declare my intention to abide by all personnel policies as set forth by the Gulf Adventure Center

Signature

Date