



APPLICATION FOR EMPLOYMENT

DATE:			
ASSOCIATE INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE:	AGE (IF UNDER 18):
ADDRESS:	CITY:	STATE:	ZIP CODE:
TELEPHONE:	SOCIAL SECURITY NUMBER:		WORK PERMIT (IF UNDER 18):
POSITION APPLIED FOR:	DESIRED RATE OF PAY:	HOW DID YOU HEAR ABOUT US?	
HAVE YOU EVER BEEN CONVICTED OF A CRIME?*	*Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, or resulted in referral to a diversion program. A Yes answer does not automatically disqualify employment.		
In compliance with federal law, all associates hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.			
EDUCATION:	NAME AND ADDRESS OF SCHOOL:	COURSE OF STUDY:	HIGHEST DEGREE COMPLETED:
HIGH SCHOOL:			
COLLEGE:			
TRADE SCHOOL:			
OTHER:			
WORK EXPERIENCE: Please list employment history beginning with most recent job.			
DATES EMPLOYED: FROM AND TO	NAME AND ADDRESS OF EMPLOYER:	POSITION:	REASON FOR LEAVING:
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:			
Personal and Professional References			
NAME:	PHONE NUMBER:	BUSINESS:	YEARS ACQUAINTED:
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(MORE)

An associates' work availability is very important in the selection criteria. Part-time positions are available.

AVAILABILITY DATES:	DATES AVAILABLE: FROM - TO	WORK WEEKENDS: YES OR NO	WORK HOLIDAYS: YES OR NO
EARLY SEASON: MAY - JUNE			
SUMMER SEASON: JULY - AUG.			
FALL SEASON: SEPT. - OCTOBER			
PRE-OPENING / POST-CLOSING			
CAN YOU PERFORM ALL THE REQUIRED FUNCTIONS OR ACTIVITIES OF YOUR REQUESTED JOB?		YES:	NO:
IF NO, PLEASE LIST THE ACCOMMODATIONS REQUIRED TO PERFORM THE TASKS OF YOUR REQUESTED JOB:			
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY LAKE GEORGE EXPEDITION PARK OR MAGIC FOREST THEME PARK?		YES OR NO:	REASON FOR LEAVING:
I have answered the above questions without reservation and agree, if employed, to abide by all present and future rules of the company. I understand that accuracy is essential in answering the questions, and hereby give authorization to check references given.			
APPLICANT SIGNATURE:		DATE:	
IF UNDER 18 - PARENT OR LEGAL GUARDIAN SIGNATURE:		DATE:	

Complete the application and send to Lake George Expedition Park by way of the following methods:

Mail to: Lake George Expedition Park
 PO Box 392
 Lake George, NY 12845

or

Email to: INFO@LAKEGEORGEEXPEDITIONPARK.COM