



Yogi Bear's Jellystone Park™ at Pine Lakes
 1405 Lakeview Heights
 Pittsfield, Illinois 62363

Employment Application

PERSONAL INFORMATION

Last Name	First	M.I.	Date
Current Address			
Street	Apartment/Unit #		
City	State	Zip Code	
Permanent Address : Same As Above <input type="checkbox"/>			
Street	Apartment/Unit #		
City	State	Zip Code	
Home Phone	Cell Phone Number		
E-Mail Address			
Emergency Contact	Name	Relationship	Phone Number
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL # STATE:

EMPLOYMENT DESIRED

Position:	Activities <input type="checkbox"/> Housekeeping <input type="checkbox"/> Maintenance <input type="checkbox"/> Registration/Store/Office <input type="checkbox"/> Snack Bar <input type="checkbox"/>		
Please Check all that Apply			
Date You Can Start	Expected Salary		
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied to our Jellystone Park™ or any other Jellystone Park™?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, LOCATION AND DATE			

EDUCATION HISTORY

High School Name	Location	
Street Address	City	State Zip Code
Years Attended	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
AREA OF STUDY	GED YES <input type="checkbox"/>	DATE COMPLETED

Trade School/or Tech School		Location	
Street Address		City	State Zip Code
Years Attended	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Graduation Date or Expected Date
Areas/Subjects of Study			

College Name		Location	
Street Address		City	State Zip Code
Years Attended	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Graduation Date or Expected Date
Areas/Subjects of Study	Type of Degree Earned		

GENERAL INFORMATION

Subject of Special Study or License			
Location	Certificate or License Awarded?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type Date

SPECIAL TRAINING/ SKILLS

United States Military Service?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/>
Branch	Location	From	To
Volunteer Experience?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Organization:	
Type of Work:		From	To

CURRENT/FORMER EMPLOYER

Company Name	Phone Number
Address	Supervisor Name
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From: To:	Reason for Leaving

Company Name	Phone Number
Address	Supervisor Name
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From: To:	Reason for Leaving

Company	Phone Number
Address	Supervisor Name
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving

REFERENCES

List the names of three persons not related to you whom you have know at least one year.

Name	Address	
Phone Number	Current Occupation	Years Known
Name	Address	
Phone Number	Current Occupation	Years Known
Name	Address	
Phone Number	Current Occupation	Years Known

AUTHORIZATION

"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 references and employers listed above to vie you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company for all liability for any damage that may result from the 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 period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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.

I under that consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with written a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

_____ Date _____ Signature

Do Not Write Below This Line

Date	Interviewed By
------	----------------

REMARKS

Neatness	Character					
Personality	Ability					
Hired	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Department	Position	Will Report	Salary

APPROVED

EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER