



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"/>		Graduation Date or Expected Date		
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"/>
Areas/Subjects of Study		Graduation Date or Expected Date	

College Name		Location	
Street Address		City	State Zip Code
Years Attended	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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
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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