



Intersection of Hwys. 12-13-16-23
 31 Broadway
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 Wisconsin Dells, WI 53965
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 www.piratescovewisdells.com



APPLICATION FOR EMPLOYMENT

(PLEASE, WRITE NEATLY AND CIRCLE YOUR RESPONSES)

DATE OF APPLICATION: _____/_____/_____

NAME: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

Position Desired: (please circle one)

SALES CASHIER COURSE RANGER ACTIVITY ATTENDANT SUPERVISOR

How were you referred to Pirate's Cove? _____

Are you 14 years of age or older? YES NO Are you 18 years of age or older? YES NO

Have you ever been employed here before? If so, when? YES NO

Do you have a valid driver's license? (Some positions require) YES NO

Do you have a reliable way to work each day? If no, why? YES NO

Have you ever been convicted of, pleaded guilty, or pleaded no contest to a felony offense?
 YES NO If yes, please explain (Such conviction may be relevant if job-related, but does not bar you from employment.)

AVAILABILITY:

What type of employment do you desire? Full Time Part Time How many hours? _____

(Please note: All positions are seasonal in nature.)

In general, when are you available? Days Nights Weekends

Are you able to work Memorial Day and Labor Day Weekend? YES NO

EDUCATIONAL BACKGROUND:

High School: _____ Location: _____

Number of Years Completed: _____ Did you graduate? YES NO

College: _____ Location: _____

Number of Years Completed: _____ Did you graduate? YES NO

Course of Study: _____

Other Education: _____

EMPLOYMENT HISTORY: (Please begin with your most recent position, Thank You.)

1. COMPANY NAME: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: (____) _____ - _____ Immediate Supervisor: _____
Month/Year Hired: _____ / _____ Month/Year End of Employment _____ / _____
Job Title: _____ Reason for leaving: _____
Job Responsibilities: _____

2. COMPANY NAME: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: (____) _____ - _____ Immediate Supervisor: _____
Month/Year Hired: _____ / _____ Month/Year End of Employment _____ / _____
Job Title: _____ Reason for leaving: _____
Job Responsibilities: _____

3. COMPANY NAME: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: (____) _____ - _____ Immediate Supervisor: _____
Month/Year Hired: _____ / _____ Month/Year End of Employment _____ / _____
Job Title: _____ Reason for leaving: _____
Job Responsibilities: _____

REFERENCES:

Please list two personal characteristics that would make you a good Pirate's Cove employee.

Please list the name and phone number of two people that we may contact.

By signing below, I certify that all information is correct to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and termination of employment, if so employed. I understand that I am free to resign at any time, and that the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice.

Signature of Applicant: _____

Date: _____ / _____ / _____