



Application for Seasonal Employment

1000 Central Fwy. East, Wichita Falls, TX 76301 Phone: 940-322-5500 FAX: 940-322-5507

www.CastawayCoveWaterpark.com

An Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-related medical condition or handicap, or any other legally protected status.

Please print neatly and fill in all blanks. Incomplete applications will not be considered.

For Office Use Only

Email Address _____

Last Name _____ First Name _____ Middle Initial _____

(Permanent Mailing Address) City _____ State _____ Zip Code _____ Phone Number _____ Alternate Number _____

(Current Mailing Address) City _____ State _____ Zip Code _____ Phone Number _____ Alternate Number _____

High School _____ School _____ Yrs. Completed _____ Extra Curricular Activities: (Clubs, Honors, Sports, etc.) _____

College or Other School _____

Position Desired _____

Number your top 3 job preferences: Number 1-3

Life Guard	Birthdays
Maintenance	Grounds/Pool Crew
Cashier	Cash Control
Greeter	EMT
Retail Clerk	Food Service
Admissions	Park Office/Clerical

Days Available to Work

Place an "x" on the days and times you are available.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM						
PM						

• Where did you hear about our employment opportunities? _____

• CCW has guidelines regarding relatives in certain positions. Do you have any relatives working for CCW?

Yes No

If yes, give relative's name: _____

• Are you legally eligible for employment in the USA?

Yes No

(Proof of Citizenship or Immigration Status will be required upon employment.)

• Have you worked under a different name for any of the employers listed?

Yes No

If yes, identify the employer and your name: _____

Please give accurate, complete full- and part-time employment history and /or references

Name of Supervisor/Reference	Telephone
Address and/or Email Address	() Employed/Years Known (M&Y)
Company Name/Relationship to Reference	From To
Position Held & Describe Your Work (if applicable)	Rate of Pay (if applicable)
	Reason for Leaving (if applicable)

Name of Supervisor/Reference	Telephone
Address and/or Email Address	() Employed/Years Known (M&Y)
Company Name/Relationship to Reference	From To
Position Held & Describe Your Work (if applicable)	Rate of Pay (if applicable)
	Reason for Leaving (if applicable)

To the best of my knowledge, the information provided in this application is complete and true. I understand that Castaway Cove Waterpark (a.k.a. CCW) may make a thorough investigation of my entire work history and may verify all data given in this application for employment. I hereby authorize my former employers to provide CCW any information regarding employment. I understand that false statements on the application shall be sufficient cause for dismissal. I grant CCW and its affiliates, tenants, and assign the right to photograph and use my likeness for advertising, training, or publicity purposes. I understand and agree that I will be subject to random drug testing as part of CCW employment policies. I further agree that any unpaid costs of uniform items, any class fees, equipment, or other unpaid costs, shall be deducted from my salary or wages in accordance with Federal and State laws. I understand and agree that if accepted to employment with CCW, my employment is not for a definite term and employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either CCW or myself. I understand that CCW does not subscribe to the Workers' Compensation Act. CCW will adjust for legitimate job related injuries. I understand that this application for employment does not constitute an employment contract. I agree to abide by all the rules of the company and will not expose fellow workers, visitors, or myself to unnecessary dangers.

I have read and understand the above: _____

Legal Guardian or Parent Signature if under 18: _____

Date _____

23-Jan-2013