

Frankenmuth Aerial Park, LLC

Frankenmuth Aerial Park, LLC
1375 Weiss Street
Frankenmuth, MI 48734
Manager@ZipandClimb.com

EMPLOYMENT APPLICATION

APPLICANTS MAY REQUEST ASSISTANCE FROM PARK ADMINISTRATION TO COMPLETE THIS FORM

POSITION APPLIED FOR: _____

PRINT NAME IN FULL: _____ EMAIL ADDRESS: _____

(Last)

(First)

(Middle)

PERSONAL DATA

ADDRESS: _____ PHONE NUMBER: (____) _____ ALTERNATE NUMBER: (____) _____
(Number) (Street) (City) (State) (ZIP)

DRIVERS LICENSE TYPE AND ISSUE DATE; HOW LONG A RESIDENT OF MICHIGAN? _____ ARE YOU OVER THE AGE OF 16? YES NO

WERE YOU EVER PREVIOUSLY EMPLOYED BY AN ADVENTURE PARK? YES NO IF YES, LOCATION & YEAR(S) EMPLOYED: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO IF YES, COMPLETE THE FOLLOWING:

DATE: _____ OFFENSE: _____ PLACE: _____ DISPOSITION: _____

APPLICANT AVAILABILITY & READINESS

ALL POSITIONS ARE SEASONAL AND TEMPORARY AT THE FRANKENMUTH AERIAL PARK. IF EMPLOYED, HOW MANY DAYS DURING THE WEEK WILL YOU BE AVAILABLE TO WORK (INDICATE NUMBER OF DAYS)? _____

DATE AVAILABLE TO START: _____ ALL EMPLOYMENT ENDS BEFORE NOVEMBER 30. IF EMPLOYED, WILL YOU BE AVAILABLE UNTIL THEN? YES NO IF NO, INDICATE YOUR TERMINATION DATE: _____

DO YOU HAVE CURRENT (NOT EXPIRED) AMERICAN RED CROSS CERTIFICATES FOR: CPR FIRST AID AED PAST OR CURRENT CERTIFICATIONS: ROPES ACCT MONITOR EMT/FIRST RESPONDER

PROFESSIONAL CERTIFICATES AND SOCIETIES

WHAT PROFESSIONAL CERTIFICATES DO YOU HOLD? _____ REGISTRATION NUMBER _____

_____ REGISTRATION NUMBER _____

LIST THE PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER _____

EDUCATION

INSTITUTION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE	LIST DEGREES OR DIPLOMAS
HIGH SCHOOL					
COLLEGE					
OTHER TRAINING					

EXPERIENCE

(Please list all employment for the last ten years and begin by listing your last or present employer first)

EMPLOYMENT DATES		COMPANY NAME, MAILING ADDRESS AND PHONE NUMBER	WAGE OR SALARY	STATE DUTIES CLEARLY AND BRIEFLY	SUPERVISOR'S NAME	REASON FOR LEAVING
FROM	TO					

The Frankenmuth Aerial Park reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time?

YES NO

Please refer to the job description(s) for the position(s) you are applying for. Please comment below on any of your skills, knowledge, abilities and experience which especially qualify you for work with The Frankenmuth Aerial Park, LLC

PERSONAL REFERENCES

(Other than relatives and former employers)

NAME	COMPLETE MAILING ADDRESS AND ZIP	PHONE	HOW IS EACH ASSOCIATED WITH YOU

Are you related to anyone employed by The Frankenmuth Aerial Park? 1) Name: _____ Relationship: _____ 2) Name: _____ Relationship: _____

I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility to all persons, companies or corporations supplying such information. I understand that such information may include records of disciplinary action assessed by previous employers and I hereby release such parties from any obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts will subject me to discharge at any time. Further, I hereby authorize and consent to have a background check performed for employment purposes.

APPLICANT'S SIGNATURE: _____ DATE: _____