



Somersplash Waterpark  
www.somersplash.com  
(606) 679-7946

## City of Somerset Waterpark Employment Application

Today's Date \_\_\_\_\_

All qualified applicants will be considered without regard to race, color, age, religion, sex, national origin or disability. Applicants must be at least 16 years of age. We are an Equal Opportunity Employer.

### **PERSONAL DATA - PLEASE PRINT**

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Have you ever been convicted of any law violation other than a minor traffic violation or are you involved in any pending criminal litigation?  YES  NO

If yes, explain: \_\_\_\_\_

Have you ever been employed with our company?  YES  NO If yes, list department and dates of employment-

\_\_\_\_\_  
\_\_\_\_\_

Were you referred by a current or former staff member?  YES  NO Whom?

\_\_\_\_\_

How did you learn about us?

\_\_\_\_\_

Have you ever had any job-related training in the United States Military  YES  NO If yes, please describe \_\_\_\_\_

Do you have a driver's license?  YES  NO State \_\_\_\_\_

Are you able to submit verification of your legal right to work in the United States and verification of you age?  
 YES  NO

**EDUCATION**

SCHOOL	SCHOOL NAME	CITY&STATE	LAST YEAR COMPLETED BY JUNE 1ST				DID YOU GRADUATE	MAJOR OR SCPECIALTY	LIST SPECIAL ABILITIES, HOBBIES, ACTIVITIES, AWARDS OR HONORS
			9	10	11	12			
HIGH SCHOOL									
COLLEGE/ TRADE SCHOOL			1	2	3	4	Graduate		

Are you currently a full-time student?  YES  NO

ADDITIONAL SPACE IF NEEDED \_\_\_\_\_

**EMPLOYMENT HISTORY - LIST LAST TWO EMPLOYERS**

DATES EMPLOYED	COMPANY NAME	POSITION HELD	SUPERVISOR'S NAME	PHONE NUMBER	PAY RATE	REASON FOR LEAVING

**REFERENCES - LIST TWO WORK,SCHOOL,OR PERSONAL REFERENCES WHOM WE MAY CONTACT - DO NOT LIST RELATIVES**

NAME	PHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	OCCUPATION	TYPE OF REFERENCE (SCHOOL, WORK, PERSONAL)

**AVAILABILITY**

Can you work until Labor Day? <input type="checkbox"/> YES <input type="checkbox"/> NO	First Date Available: _____
Date you can begin working every day (school ending date)? _____	Last Date Available: _____
Until what date can you work every day (school starting date)? _____	
Are you available all times & days from late May to Labor Day? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide dates:	

## JOB PREFERENCES

Would you accept any positions?  YES  NO Indicate up to 3 choices in numerical order of preference (i.e. 1= first choice)

AQUATICS	ADMISSIONS	CONCESSIONS	MAINTENANCE
Lifeguard, Are you certified? (Bring to interview) <input type="checkbox"/> CPR/AED <input type="checkbox"/> Lifesaving/First Aid	Admissions Employee	Concessions Employee	Maintenance/ Grounds Crew
	Admissions Supervisor	Concessions Supervisor	
Shallow Water Guard, Are you certified? (Bring to interview) <input type="checkbox"/> CPR/AED <input type="checkbox"/> Lifesaving/First Aid			
Aquatics Supervisor			

**Why are you interested in these jobs?**

**Please check any of your Special Skills , Experiences or Interests**

Swimming\_\_\_\_\_/Cooking\_\_\_\_\_/Cashier\_\_\_\_\_/Ground & Machinery\_\_\_\_\_

Other:

**Please rate yourself (1-5 with 1 being uncomfortable and 5 being most comfortable) in the following situations:**

Working under pressure:\_\_\_\_\_ Money Handling:\_\_\_\_\_ Getting along with people:\_\_\_\_\_ Smiling:\_\_\_\_\_

Following directions:\_\_\_\_\_ Patience with small children:\_\_\_\_\_ Being friendly & helpful:\_\_\_\_\_ Learning new tasks:\_\_\_\_\_

## AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of any investigative report that is made.

I understand that I am making application only for the current vacancy and that I must reapply for any subsequent vacancies.

If I were to be offered employment or in my being considered for employment by the City of Somerset, I agree to conform to the rules and regulations of the City of Somerset and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the City of Somerset at any time, at the City of Somerset's sole option and without any prior notice to me.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Somerset and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Somerset unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Somerset retains the same right.

Should I be offered employment I understand that I will be required to submit to a physical examination which may include a drug screen and that my employment will be conditional upon the results of said physical examination and drug screen.

In the event of employment, I understand that false or misleading information given in, my application or interview(s) may result in discharge.

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SIGNATURE OF APPLICANT

DATE

### PRE-EMPLOYMENT TESTING NOTICE TO APPLICANTS FOR NON-SAFETY AND SAFETY SENSITIVE POSITIONS

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE  
IS NOT SIGNED AND DATED!**

I am hereby acknowledging that I will be given pre-employment drug tests. I am aware that employees will not be hired without a clear negative test from the MRO.

Signed: \_\_\_\_\_

Name

Date