



Family Fun Park
4488 Highway 4, Greenhill, NS B0K 2A0

Application For Employment

(PLEASE PRINT CLEARLY)

PERSONAL

Name: _____
Last First Middle

Present Address: _____
Street City Postal Code

Mailing Address: (If Different) _____
Street City Postal Code

Phone: _____ **Birth Date** _____ / _____ / _____ **Age** _____
Month Day Year

I am applying for: Full Time Part Time I am able to work weekends: YES NO

I am able to start work on _____ I am able to work until _____

I am able to work: July 1st Labour Day Weekend

Are you able to work part time before or after the above dates: YES NO

Are you planning any summer vacations, events, summer camps, etc. that would require you to miss time from work? YES NO

Do you have reliable transportation to and from work YES NO Type: _____

Have you ever worked at Magic Valley before? YES NO If yes, when _____

From what source did you learn of employment at Magic Valley? _____

Rate of pay expected: _____

Indicate areas of employment most interested in by placing numbers in the box in order of preference (1 most interested, 2 interested, 3 least interested).

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Waterslide | <input type="checkbox"/> Go Karts | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Admissions |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> General Labour | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Ride Operator |

Do you have any health problems that we should be aware of for your own safety and ours? (E.g. Diabetes, epilepsy, allergies etc.) YES NO

Family Doctor _____
Name Address Phone

In case of emergency notify:

Name Address Phone

Have you taken any of the following courses?

First Aid/CPR **WHIMIS** **Bronze Cross** **Aquatic Emergency Care** **Nationals**

If yes, list course and expiry date: _____

Check any of the following you have experience operating and indicate level of knowledge by circling appropriate number.

Cash Register 1 Advanced
2 Moderate
3 Beginner

Computer 1 Advanced
2 Moderate
3 Beginner

Are you planning on returning to school in the fall? **YES** **NO**

If yes, Where? _____

Education

Circle highest grade completed:

7 8 9 10 11 12
(High School)

1 2 3 4
(Community College)

1 2 3 4
(University)

Employment History

Name, Address, Phone # of Previous Employer	Your Duties	#Of Hours & Wage	Reason for Leaving
From _____ To _____			

Name, Address, Phone # of Previous Employer	Your Duties	#Of Hours & Wage	Reason for Leaving
From _____ To _____			

Personal References

Name	Address	Phone	How long Known?

I declare my answers to the above questions to be true to the best of my knowledge and beliefs. I agree that any false statement in this application shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application and to submit to medical examination if requested. I hereby authorize any doctor or hospital to furnish my employer or their representative medical information which may have reference to me.

Date _____ **Applicant's Signature** _____