



This application for employment will not be considered unless fully completed. Please print the entire application in ink.

Name: _____ Date: _____
 _____ SS#: _____ - _____ - _____
 (First) (Middle) (Last)

Permanent Address: _____
 _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Home Phone: (____) _____ Other Phone: (____) _____

Email Address (optional) _____

Have you ever worked or studied under another name? If yes, what name? _____ Yes No

Have you ever been employed by Wild Adventures or Herschend Family Entertainment Corporation? Yes No

If yes, when and where? _____ Reason for leaving: _____

Have you ever been offered a job at Wild Adventures or any Herschend Family Entertainment property before? Yes No

Have you applied at Wild Adventures in the last 12 months? Yes No

Do you meet all eligibility requirements to legally work in the United States? Yes No

As of TODAY, are you at least 18 years of age? If NO please check one of the following below: Yes No
 14 years old 15 years old 16 years old 17 years old

Have you ever been convicted of any MISDEMEANOR or FELONY? Yes No
 If yes, when and where? Please explain the circumstances: _____

Have you ever pled NoloContendere or guilty or had adjudication of guilt withheld for a crime which is a FELONY or MISDEMEANOR? Yes No
 If yes, to what charge(s)? _____

(Note: A conviction will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and whether the offense is substantially related to applicant's ability to perform the job applied for and rehabilitation will be taken into consideration. **Please Note: Omission of information is considered a falsification of application and if employed will result in termination**)

Do you have relatives working at Wild Adventures? If yes, please list below. Yes No

Relative's Name	Relationship	His/Her Work Location

What type of job are you interested in? (mark all that apply)
 Management
 Full time
 Seasonal

Positions applying for:
 1. _____
 2. _____
 Although I've listed 2 positions, I'd consider other positions open at this time

Note your availability
Earliest Time Latest Time
 _____ Mondays _____
 _____ Tuesdays _____
 _____ Wednesdays _____
 _____ Thursdays _____
 _____ Fridays _____
 _____ Saturdays _____
 _____ Sundays _____
Anytime
Dates Available
 _____ through _____

How were you referred to Wild Adventures?
 Friend/Family
 Past Visitor
 Company Web Site
 Advertisement (name of source) _____
 Employee (first and last name) _____
 Other _____

Circle Highest Grade Completed in School: 7 8 9 10 11 12 GED College: AA BA/BS MA Ph.D.

Are you currently attending school? Yes No

School/Location	Type of Degree/Certificate Received
High School	
College/Trade	
Other	

EMPLOYMENT HISTORY

Have you ever been terminated or asked to resign from a job? Yes No If yes, please explain: _____

Provide the following information of your past three (3) employers, military services or volunteer activities, beginning with most recent

(a) Company Name/Address/Phone City State Phone No.

Dates of employment: From: _____ To: _____ Job Title: _____

List main duties and assignments, tools, or equipment used, etc.: _____

Reason for leaving: _____ Hourly Rate/Salary: _____ Are you eligible for rehire? Yes No

Are you currently working for this employer? Yes No If yes, may we contact? Yes No

(b) Company Name/Address/Phone City State Phone No.

Dates of employment: From: _____ To: _____ Job Title: _____

List main duties and assignments, tools, or equipment used, etc.: _____

Reason for leaving: _____ Hourly Rate/Salary: _____ Are you eligible for rehire? Yes No

(c) Company Name/Address/Phone City State Phone No.

If yes, when and where? Please explain the circumstances: _____

Dates of employment: From: _____ To: _____ Job Title: _____

List main duties and assignments, tools, or equipment used, etc.: _____

Reason for leaving: _____ Hourly Rate/Salary: _____ Are you eligible for rehire? Yes No

REFERENCES

List two references (include former supervisors, teachers, coaches, etc. Do not include relatives or friends.)

Name	Phone Number	Relationship

I UNDERSTAND AND AGREE TO THE FOLLOWING:

I grant to Herschend Family Entertainment Corporation, its subsidiaries, affiliates, licensees, successors and assignees (hereafter collectively referred to as "HFEC"), the **right to use my name, voice, musical renditions, and my likeness, image and picture of me** for any lawful purpose whatsoever, regardless of whether or not I am ever employed by or remain employed by HFEC. I waive my right to inspect and/or approve the finished product or the advertising copy. I also release, discharge, and agree to save and hold HFEC harmless from any liability by reason of blurring, distortions, alterations, optical illusions or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the pictures or recording or in the processing or completion of the finished product. **All work performed or products produced by me** are the property of Herschend Family Entertainment Corporation.

I understand and agree that nothing in this Employment Application or in the granting of an interview creates an employment contract between HFEC and myself for either employment or for the providing of any benefit. No promise regarding employment has been made to me. If I am employed by HFEC, I agree to **conform to the rules and regulations** of the company and agree that my **employment and compensation can be terminated at will**, at any time with or without cause or notice, at the option of the company or myself. I agree that HFEC may condition a job offer to be based on **the satisfactory outcome of a medical examination or inquiry**. After a conditional job offer has been made, I hereby consent to drug/alcohol tests, including, but not limited to, a urine, hair, and/or blood test, and I authorize the release and disclosure of the results of any such test to HFEC for its use and internal communication. I release and fully discharge HFEC Company, and doctor(s), laboratory or facility which performs any such tests for the disclosure of such information to my employer. I also understand that all job offers are contingent upon pre-approved physical ability to **perform essential job functions, with or without accommodation**. I authorize HFEC to **supply my employment record**, in whole or in part, and in confidence to any prospective employer, government agency, or other party, with a legal or proper interest. I agree that any charges against me for **property belonging to HFEC** will be paid by me prior to the termination of my employment. I also agree that charges for property may be deducted from any moneys due to me from HFEC.

I understand that the information which I have supplied may be checked and that any false statement or omission of material facts may result in no offer of employment or discharge if already employed. I consent to having HFEC contact anyone it feels appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. This document and all other personnel information when completed and signed becomes property of Herschend Family Entertainment Corporation.

SIGNATURE: _____ DATE: _____

(My signature means that I have read, understand, and agree with the statement above.)



Herschend Family Entertainment
Equal Employment Opportunity Survey
(For Statistical Use Only)

Applicants for Wild Adventures are considered for positions based on their qualifications without regard to race, color, religion, national origin, sex, disability, ancestry, age or veteran status. The following information is voluntary and will in no way affect decisions regarding you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. Please give us your cooperation by completing this questionnaire.

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF APPLICATION: _____

Please select the appropriate answer from the choices below.

SEX: () Female () Male

RACE/ETHNIC ORIGIN:

- () American Indian or Alaska Native
- () Asian
- () Black or African American
- () Hispanic or Latino
- () Native Hawaiian or Other Pacific Islander
- () Two or more races
- () White
- () Prefer not to answer



AVAILABILITY FORM

PRINTED NAME: _____ DESIRED DEPARTMENT: _____

Initial next to each statement to acknowledge that you have read & understand each policy listed below.

_____ You may be offered employment as a Seasonal Team Member, therefore hours vary throughout the year depending on the operational schedule of the park and guest attendance. Hours are not guaranteed and you may be scheduled for fewer than 15-35 hours in one week.

_____ You must be available to work on Saturday & Sunday.

_____ We appreciate your increased availability at any time during your employment, but cannot guarantee that such an increase would result in an increase of work hours offered.

_____ Should your availability decrease within the first 2 months of employment, we may no longer be able to offer employment.

_____ All Availability Forms will be reviewed by your supervisors. Your existing availability form stays in effect until approved by your supervisor and/or Human Resources. Approval is based on the needs of the company in order to meet departmental requirements while remaining compliant with state and federal labor standards.

HOURS OF AVAILABILITY:

Please write in the earliest and latest time you are available to work. We strive to schedule within your available times, not for the entire availability. For example, you may list availability from 10:00 a.m. – 9:00 p.m., but we may schedule you to work from 2:00 p.m. – 8:00 p.m.

EARLIEST TIME AVAILABLE	LATEST TIME AVAILABLE
<input type="radio"/> ANYTIME	
_____ SUNDAY	_____
_____ MONDAY	_____
_____ TUESDAY	_____
_____ WEDNESDAY	_____
_____ THURSDAY	_____
_____ FRIDAY	_____
_____ SATURDAY	_____
Ideal number of hours you would like to be scheduled per week: _____	
Maximum number of hours you can be scheduled per week: _____	

I understand that my work schedule will be based on the days and times that I have indicated I am available to work. I also understand and agree to follow all of the policies listed on this page. Furthermore, I understand that the majority of available work is on weekends and my unwillingness or unavailability to work weekends may result in termination of employment. Georgia is an Employment At-Will State. Therefore, the employer or the employee may terminate employment at any time, with or without cause.

SIGNATURE: _____

DATE: _____