## **EMPLOYMENT APPLICATION:**

PERSONAL INFORMATION				
FULL NAME			DATE	
DATE OF BIRTH			AGE	
EMAIL		CELL PHONE		
HOME / MAILING ADDRESS				
STREET		СІТҮ	STATE	ZIP
SHORE / LOCAL ADDRESS				
STREET		CITY	STATE	ZIP
EMPLOYMENT INFORMATION				
DESIRED POSITION HUT	☐ AQUA PARK	☐ WAVERUNNERS	☐ CAPTAIN	
APPLYING FOR THE SUMMER OF (YEAR)		DESIRED # OF WORK DAYS PER WEEK		
AVAILABLE START DATE		END DATE		
CPR/FIRST AID CERTIFIED YES NO		BOATERS LICENSE YES NO		
EDUCATION				
	NAME OF SCHOOL		YEARS ATTENDED	GRADUATED?
HIGH SCHOOL				
COLLEGE				
REFERENCES				
NAME	RELATIONSHIP		YEARS KNOWN	