



Lake of the Ozarks Waterpark, Inc.
 954 State Road Y
 Linn Creek, MO 65052
 Phone (573) 346-6111



2024 EMPLOYMENT APPLICATION

First Name _____ Last Name _____ SS# _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ Birth Date _____

E-mail Address _____ Age _____

Have you ever been convicted of a crime other than minor traffic offenses? Yes _____ No _____

If yes, please explain _____

Are you legally authorized to work in the United States? Yes _____ No _____

POSITION PREFERRED: (CIRCLE ONE ONLY)

Lifeguard (Must be 15 or older) **Admissions** **Grounds** **Food Service** **EMT**

Date you can start _____ Are you seeking full time _____ or part time _____ seasonal employment?

Please list any *other* positions (if any) you would consider _____

Do you have any physical or medical limitations (i.e., back problems, allergies, etc.) which could potentially keep you from performing essential job functions? Yes _____ No _____

If yes, please explain: _____

Lifeguard Applicants: Big Surf Waterpark offers necessary Lifeguarding and CPR training for new employees. If you already have these certifications or others, please write the **expiration dates** below:

LIFEGUARDING _____ CPR _____ LGI _____ WSI _____

EMT Applicants: Certifications are required, list expirations dates: EMT LICENSE _____ CPR _____

FOR OFFICE USE ONLY:

Employee Number: _____ Date of Hire: _____ Starting Rate of Pay: \$ _____

Department: _____ Supervisor: _____

Is this your first job? Yes _____ No _____

If no, please fill out work history below, starting with most recent employer.

Employer	Job Title & Duties	Employment Dates	Reason For Leaving
Name _____ City _____ State _____ Supervisor _____ Phone _____	_____ _____ _____ _____ _____	From _____ To _____ Starting Pay _____ Ending Pay _____	_____ _____ _____ _____ _____
Name _____ City _____ State _____ Supervisor _____ Phone _____	_____ _____ _____ _____ _____	From _____ To _____ Starting Pay _____ Ending Pay _____	_____ _____ _____ _____ _____

REFERENCES:

List below the names of two persons not related to you who have known you at least one year:

Name _____ Address _____ Phone _____

Years Acquainted _____ Occupation _____

Name _____ Address _____ Phone _____

Years Acquainted _____ Occupation _____

EMERGENCY CONTACTS:

(Name) (Relationship) (Phone Number)

(Name) (Relationship) (Phone Number)

To the best of my knowledge, the information I have provided and the statements I have made in this application are correct and complete. I understand that misrepresentation or omission of facts called for in this application may be cause for immediate dismissal. I also understand that if accepted for employment, my employment with Lake of the Ozarks Waterpark, Inc. will be for no definite period of time and may be terminated at any time by either the company or myself listed with or without cause and with or without notice. I authorize Lake of the Ozarks Waterpark Inc. to communicate with my former employers, school officials, persons named as references and to obtain background and credit information from certified agencies. **I also understand before I am accepted for employment with said company, I will submit to a substance abuse examination and thereafter be submitted to random substance abuse examinations.**

SIGNATURE _____ DATE _____