250 Eastern Boulevard Mailing: 5662 Route 64 Canandaigua, NY 14424 585-396-2000 585-394-1445 Fax www.roselandwaterpark.com



— OFFICE U	SE ONLY —
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2.	
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Int Date/Time:	

Roseland Waterpark is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

physical or mental disability, or medical condition.											
PERSONAL INI	FORMA	IATION First Name MI				Today's Date					
Address			Town/Zip					Are you 18 years old or older? Yes No			
Cell Phone Num	nber		Home Phone Number					Are you 15 years old or younger?			
()			()					Yes No			
Where did you hear about employment opportunities at Roseland? (please						Email Address:					
indicate using an "X"): [] Roseland Website [] Indeed [] Newspaper Ad [] Current/former employee [] Friend/family member [] Other											
[] Current/forme	er empi	oyee	[] Friend/lamily	memb	er []Other						
EMPLOYMENT					•						
Position Applied for. (Choose at least one) Start Date:											
Would you like to work: (circle all that apply) Full Time Part Time Inside Outside			What Operating Hours Are You Available to Work?								
Please indicate any day you are UNABLE to work with an "X" below:				Weekend Availability:							
Monday	Tu	esday	Wednesday	/	Thursday	Friday	Saturday Sunda		Sunday		
EDUCATION				l NI		1	. •		Б	/D: .l.	
Level		Name								gree/Diploma nse/Certificate	
High School											
College, Vocation	onal,										
MILITARY	'					•					
Branch Dates of Service		Final Rank			Special Training						
Start Date											
	End Date										
SKILLS					•						
Certificates or S	pecial	Training)								
Computer Skills (hardware/software)											
Other Skills, Knowledge, Areas of Expertise											
			ic or other groups	s have	vou been a m	ember in the la	ast five	vears	which :	are relevant to	

this job? (exclude any membership which would reveal race, religion, sex, age, national origin, or ancestry of its members)

EMPLOYMENT HISTORY	Please I	ist employment red	ord, starting with t	he most re	ecent.		
Dates of Employment					Phone Number		
From: To:							
Job Title					Reason for Leaving		
Duties, Responsibilities, Promo	tions		1				
Datas of Franciscos		Name and Address	Cumamiaan Nama an	al lab Titla	Dhana Numbar		
Dates of Employment	Employer	Employer Name and Address Supervisor Na			Phone Number		
From: To: Job Title	_				Pagan for Logying		
Job Tille					Reason for Leaving		
Duties, Responsibilities, Promo	tions						
Dates of Employment	Employer	Name and Address	Supervisor Name an	d Job Title	Title Phone Number		
From: To:							
Job Title					Reason for Leaving		
Duties, Responsibilities, Promo	tions						
CHARACTER REFERENCE	S List	people who are not	t related to you and	l are not p	revious employers.		
Name		Phone Number		Relations			
				Years Kn	own		
Name		Phone Number		Relations			
				Years Kn			
Name		Phone Number		Relations	Relationship		
·				Years Kn			
		•					
GENERAL							
Are you currently employed?							
If yes, may we contact your			2 10 M (N (1.1.1			
Have you ever worked for Bristol Mt., Roseland, or Aerial Park? Yes / No. If yes, which dept/year? Do any relatives currently work for Roseland? Yes / No. If yes, which dept?							
Have you ever been convicted							
Conviction will not necessarily disqu							
If offered employment, will ye				ation to wo	rk in the U.S.? Yes / No		
If under 18 years old, will you	u be able t	to provide working p	apers from your sch	ool? Yes / I	No		
APPLICANT STATEMENT							
I understand and agree to the following:							
This application is not a contract of employment.							
Should the employer hire me ar incomplete, I shall be subject to		ny of the information I	have given in this appl	ication be fo	ound false, misleading, or		
The employer follows an "at will reason consistent with the appli		ent policy, meaning the	e employer or I may ter	minate emp	loyment at any time for any		
All hired persons must provide proof of identity and authorization to work in the U.S. Failure to produce such proof will result in							
denial of employment.							
I authorize investigation of all st reference, or employer listed or authorize those employers to di	this applic	ation, except my curre	nt employer if so noted	d, to verify th	e information I have given. I		
I certify that all the information in this application is complete and true.							
Signature of Applicant			Date				
	CATIONS V	VILL REMAIN ON FIL	E FOR THE CURREN	T HIRING S	EASON ONLY		