



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



## 2022 EMPLOYMENT APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Birth Date \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Current 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?

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: \_\_\_\_\_

If applying for EMT or Lifeguard, complete the following, giving the expiration dates for each:

LIFEGUARDING \_\_\_\_\_ CPR \_\_\_\_\_ LGI \_\_\_\_\_ WSI \_\_\_\_\_ EMT LICENSE \_\_\_\_\_

Other special training or skills: \_\_\_\_\_

**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 \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_