



Please indicate which Park you're applying at:

- Hawaiian Falls / Garland (972)675-8888
- Hawaiian Falls / The Colony (972)370-4327
- Hawaiian Falls / Mansfield (817)853-0050
- Hawaiian Falls/Roanoke (817)853-0099
- Hawaiian Falls/Waco (254)892-0222

Please print and complete in black ink.

Date: _____

Name: _____ SS#: _____

Permanent Address _____ City _____ State _____ Zip _____

Cell Phone: () _____ Home Phone: () _____ Other Phone: () _____

General Data

Do you meet the requirements to legally work in the United States? YES NO If you are not a citizen, you must provide proof of eligibility to work in the United States. All new employees must complete a Federal I-9 form.

Are you at least 18 years of age? YES NO If no, please circle your age 15 16 17

Have you ever been employed by Hawaiian Falls? If so, when and where _____

Have you ever been convicted of a Misdemeanor or Felony? YES NO

If yes, when and where? Explain _____

Please circle the job or jobs that you are interested in applying for:

- Front Gate Water Safety EMT
- Kitchen / Retail Administration Maintenance/Grounds

Circle the highest grade completed in School: High School 9 10 11 12 GED College: AA BA/BA MA PhD.

High School : _____ Type of Degree/Certificate _____

College Trade : _____ Type of Degree/Certificate _____

Graduate School : _____ Type of Degree/Certificate _____

PERSONAL REFERENCES :

NAME:	YEARS KNOWN:	CONTACT NUMBER:	ADDRESS:

EMPLOYMENT HISTORY

Begin with your present or most recent job: include military service

(a) Company Name/Address/Phone _____

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

(b) Company Name/Address/Phone _____

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 _____

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

I UNDERSTAND AND AGREE TO THE FOLLOWING:

I grant to Hawaiian Falls, its subsidiaries, affiliates, licensees, successors and assignees, 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 Hawaiian Falls. 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 Hawaiian Falls 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 Hawaiian Falls.

I understand and agree that nothing in this Employment Application or in the granting of an interview creates an employment contract between Hawaiian Falls 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 Hawaiian Falls, 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 Hawaiian Falls 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 Hawaiian Falls for its use and internal communication. I release and fully discharge Hawaiian Falls and its 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 Hawaiian Falls 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 Hawaiian Falls 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 Hawaiian Falls.

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 Hawaiian Falls 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 Hawaiian Falls .

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT:

SIGNATURE: _____

DATE: _____
Hawaiian Falls is an Equal Opportunity Employer

Hawaiian Falls
EQUAL EMPLOYMENT OPPORTUNITY SURVEY
(For Statistical Use Only)

Applicants for Hawaiian Falls attractions 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: _____

DATE OF APPLICATION: _____

Please select the appropriate answer from the choices below:

SEX: () Male () Female

RACE/ETHNIC ORIGIN:

- () Asian or Pacific Islander
- () Black
- () Hispanic
- () Indian or Alaskan Native
- () White

How did you hear of Hawaiian Falls and attractions:

- () Walk-in
- () Web site
- () Guest
- () Employee Please provide the employee's first and last name _____
- () Advertisement Please provide us with the name of the source _____
- () Other Please indicate _____

OFFICE USE ONLY:

Hawaiian Falls is an Equal Opportunity Employer