

YELLOWSTONE BEAR WORLD

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE
NAME				SOCIAL SECURITY #
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE: HOME: ()	ARE YOU 18 YEARS OR OLDER?		YES	NO
CELL: ()				

EMPLOYMENT INTERESTS

POSITION	DATE YOU CAN START
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER WORKED FOR YBW BEFORE?	WHEN? WHAT POSITION?
REFERRED BY	

EDUCATION	NAME & LOCATION OF SCHOOL	NO OF YEARS COMPLETED	DID YOU GRADUATE?	
HIGH SCHOOL		FR. SO. JR. SR.		
COLLEGE		FR. SO. JR. SR.		
TRADE, BUSINESS OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
--------------------------------	------	--

HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO, OR BEEN CONVICTED OF A FELONY? [] YES [] NO
IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:

(CONTINUE ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS WITH LAST ONE FIRST)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? [] YES [] NO

IF YES, PLEASE EXPLAIN CIRCUMSTANCES:

DO YOU INTEND TO WORK THROUGHOUT SEASON (CLOSING DATE MID-OCT.) [] YES [] NO

IF NO, PLEASE EXPLAIN: (Example: SCHOOL SCHEDULE, 2ND JOB, ETC.)

ARE YOU AVAILABLE ON SUNDAYS? (2 SHIFTS PER MONTH) [] YES [] NO

DO YOU HAVE ANY ALLERGIC REACTIONS TO ANIMALS? [] YES [] NO

DO YOU HAVE ANY MEDICAL NEEDS WE SHOULD BE AWARE OF? [] YES [] NO

DO YOU HAVE ADEQUATE TRANSPORTATION TO OR FROM WORK? [] YES [] NO

DO YOU HAVE AN INTEREST IN TOURISM AS A FUTURE CAREER? [] YES [] NO

IF EMPLOYED, WOULD YOU HAVE A PROBLEM SIGNING A LIABILITY DISCLAIMER? [] YES [] NO

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS / PHONE	YEARS ACQUAINTED

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE