



P.O. Box 1169
 Eddyville, KY 42038
 (270) 388-7999
 Fax (270) 388-4656

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

PLEASE PRINT ALL INFORMATION

Today's Date: _____

Personal Information

 Last Name First Middle Social Security Number

 Present Address City State Zip Telephone

 Permanent Address (if different than above) Telephone

Date of Birth (If under 18 or over 70): _____ E-Mail Address: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? **YES or NO**

Employment Desired

- Admissions Tube Attendant
- Food Service Zip Line Attendant (Minimum age 16)
- Gift Shop Maintenance
- Lifeguard

Position Desired: _____ 2nd Choice: _____ Salary Desired: _____

Have you ever applied to this company before? _____ If so, when? _____ For what position? _____

Educational History

Education	Name & Location of School	Number of Years Attended	Did You Graduate?	Subjects Studied
High School:				
College:				
Other:				

Activities (sports, clubs, organizations) and/or Special Skills (awards, honors or achievements):

Have you ever been convicted of a crime other than minor traffic violations? Conviction will not be an absolute bar to employment.

YES or NO If "Yes", please explain. _____

Employment Record

Please include all employment for the last five years, starting with the most recent job first. If you have not had any formal employment, please include baby-sitting, mowing, or other jobs.

Date(Month and year)	Name & Address of Employer Including Telephone Number	Salary	Position	Reason for Leaving

Which of these jobs did you like best? _____

What did you like most about this job? _____

NOTE: We will contact all employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for exclusion.

Employer's Name Reason

Employer's Name Reason

References (Please do not include relatives)

Name	Address/ Telephone Number	Business/ How Acquainted	Years Acquainted

"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. If 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."

Signature: _____ Date: _____