



COOPERSTOWN DREAMS PARK
 4550 St. Hwy. 28, Milford, NY 13807
 www.cooperstowndreamspark.com

DATE ____/____/____

APPLICATION FOR SEASONAL EMPLOYMENT
Please complete both sides & print in dark ink.

All qualified applicants will be considered without regard to race, color, age, religion, sex, national origin or disability.
 Applicants must be at least 14 years of age. **Working papers are mandatory for employees under age 18.**

PERSONAL DATA Are you 18 years of age or older? If younger than 18, when is your birthday ____/____/____

NAME: LAST FIRST MI SOCIAL SECURITY #:

Mailing Address: City: State: Zip:

Phone: _____ Cell Phone: _____

E-mail address:

Temporary or College Address: City: State: Zip:

Name of person to notify in case of emergency: Relationship:

Phone Number: _____ Alternative Phone Number: _____

Have you ever been employed by Cooperstown Dreams Park? YES NO If yes, what year and what department(s):

How did you hear about us? Re-Hire Walk-In Ad Friend/Relative Job Fair Other _____

If referred by a CDP employee, please list their name here _____

Do you have any relatives presently employed at CDP? YES NO If yes, please list name(s):

If hired, can you provide a valid driver's license? YES NO

Have you ever been convicted of a felony or misdemeanor, or do you presently have criminal action pending against you? YES NO If yes, explain (use a separate sheet if necessary):

EDUCATION

Use separate page if necessary

SCHOOL	SCHOOL NAME	CITY & STATE	GRADE COMPLETED BY JUNE 30th	DID YOU GRADUATE?	MAJOR OR SPECIALTY	LIST SPECIAL ABILITIES, HOBBIES, AWARDS OR HONORS
HIGH SCHOOL			8 10 12 9 11 GED			
COLLEGE			1 2 3 4 G			
TRADE OR BUSINESS SCHOOL			1 2 3 4			

Are you currently a full-time student? YES NO

If a junior in high school, are you interested in our Junior Class Initiative Program? YES NO

If a college student, are you interested in our Ambassador Program (Internship)? YES NO

EMPLOYMENT HISTORY - LIST LAST TWO EMPLOYERS

DATES EMPLOYED	COMPANY NAME	POSITION HELD	SUPERVISORS NAME	PHONE NUMBER	PAY RATE	REASON FOR LEAVING

May we contact your present employer YES NO

MILITARY SERVICE

HAVE YOU EVER BEEN IN THE U.S. MILITARY?	BRANCH	DATE ENTERED	TYPE OF DISCHARGE/ACTIVE SERVICE?
<input type="checkbox"/> YES <input type="checkbox"/> NO			

ADP _____

DCJS _____

Letter Sent _____

REFERENCES- LIST TWO - WORK, SCHOOL, OR PERSONAL Individuals that we may contact -Do NOT list Relatives

NAME	PHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	OCCUPATION	TYPE OF REFERENCE (SCHOOL, WORK, PERSONAL)

AVAILABILITY

Are you available weekends? YES NO

Can you work nights? YES NO

Can you work days? YES NO

Can you work overnights? YES NO

First Date Available : _____

Last Date Available: _____

Do you desire: Full-time Part-time

Are there any days of the week that you cannot work? YES NO If yes, please explain:

HIGH SCHOOL STUDENTS:

What is your availability while in school? Please explain:

Will you require time off this summer for personal or academic reasons? YES NO

If yes, please provide dates:

Will you be attending college/playing sports in the fall? YES NO If so, when will your commitment begin?:

JOB PREFERENCES

Indicate up to 3 choices in numerical order of preference (ie. 1= first choice)

** Indicates overnight positions available*

Age restrictions may apply to certain positions/departments

- | | | | |
|---|----------------------------|-------------|-------------|
| ATTENDANTS/SECURITY/TRANSPORTATION | BASEBALL OPERATIONS | CONCESSIONS | DATA ENTRY |
| FACILITIES MAINTENANCE (Fields, Grounds, General, Irrigation, Shop, Village*) | HUMAN RESOURCES* | KITCHEN | |
| LAUNDRY* | NETWORK & MEDIA SOLUTIONS | OFFICE | PHOTOGRAPHY |
| RETAIL CENTER (Bat Engraving, Clothing & Souvenir, Photo Center) | STOREHOUSE (Food, General) | | |

Why are you interested in these departments?

List and describe any special skills/certifications?

(Typing, Data Entry, Computers, Supervisory Experience, Mechanical Repair, Video Editing, Audio/Visual, Musical, NYS Security Guard Certifications - provide license number , etc.)

Why do you want a job with Cooperstown Dreams Park? (Use separate page if necessary)

List special honors, social activities, hobbies, sports, etc.:

PLEASE READ CAREFULLY

I certify that all statements on this application are correct to the best of my belief, and I understand that any false statements shall be sufficient cause for rejection of my application or dismissal, if hired. I hereby grant Cooperstown Dreams Park permission to investigate any of the information included on this application. In making this application for employment, I understand that Cooperstown Dreams Park may investigate my background, which investigation may include acquisition of information contained in consumer, criminal, DMV and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers.

Thank you for your interest in Cooperstown Dreams Park. Your application will remain active for six months from the date of completion.

Signature: _____

Date: ____/____/____



Candidate Release Authorization

To be completed by anyone 18 years of age and older

- I. In connection with my application for employment or continued employment at Cooperstown Dreams Park, I understand a criminal background check may be ordered.
- II. I understand the company may be requesting information from sources that include social security number validation, criminal conviction records and sex offender registry.
- III. I grant Cooperstown Dreams Park the right to conduct such checks on me.

The following information is required for positive identification purposes when checking public records. I understand this information is confidential and will not be used for any other purposes. I hereby release the employer and any affiliates providing information about me from any and all liability for damages.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THE INFORMATION I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature

Today's Date