

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.

www.cooperstowndreamspark.com

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.

			•	s of age. Working papers		ry for omployees u	naci age 10.	
PERSONAL DATA Are you 18 years of age			-	unger than	18, when is you	ır birthday//		
NAME: LAS	ST		FIRST	MI				
Mailing Addr	ress:		City:		State:	Zip:		
Phone:	Ë	Ë		Cell F	Phone:	Ë	Ë	
E-mail addı	ress:							
Temporary or College Address: City: State: Zip:								
Name of pe	erson to no	tify in case of e	mergency:		Rela	ationship:		
Phone Number: Ë Ë				Alternative Phone Number: Ë Ë				
Have you ever been employed by Cooperstown Dreams Park? O YES O NO If yes, what year and what department(s):								
How did yo	u hear abo	out us? O Re-Hi	re O Walk-In	O Ad O Friend/Relat	ive O Job Fa	air O Other		
If referred by a CDP employee, please list their name here_								
Do you have any relatives presently employed at CDP? O YES O NO If yes, please list name(s):								
Have you e	ever been d		lony or misde	YES O NO meanor, or do you p a separate sheet if no		e criminal action	pending	
				EDUCATION		Use separate page if necessary		
SCHOOL	SCH	IOOL NAME	CITY & STATE	GRADE COMPLETED BY JUNE 30th	DID YOU GRADUATE?	MAJOR OR SPECIALTY	LIST SPECIAL ABILITIES, HOBBIES, AWARDS OR HONORS	
HIGH SCHOOL	30.			8 10 12 9 11 GED		0. 200.21		
COLLEGE				1 2 3 4 G				
TRADE OR BUSINESS SCHOOL				1 2 3 4				
	rrently a fu	II-time student?	O YES O NO)	<u>I</u>	1		
If a junior in	n high sch	ool, are you inte	rested in our	Junior Class Initiativ	e Program?	O YES O NO		
If a college	student, a	re you intereste	d in our Amba	assador Program (Int	ternship)?	O YES O NO		
		EN	IPLOYMENT	THISTORY - LIST	LAST TWO	O EMPLOYER	s	
DATES EMPLOYED	COMPANY NAME		POSITION HELD	SUPERVISOR'S	OR'S NAME	PHONE NUMBER	REASON FOR LEAVING	
May we co	ntact vour	present employe	er O VES O	NO				
way we col					ERSONAL	Individuals that we	may contact -Do NOT list Relatives	
NAME				OW LONG HAVE YOU KNOWN THIS PERSON?		OCCUPATION OCCUPATION	TYPE OF REFERENCE (SCHOOL, WORK, PERSONAL)	
				, LIXOUV:			Word, Elloonal	
ADP		<u> </u>		2010	DCJS		Letter Sent	

AVA	AILABILITY
Are you available weekends? O YES O NO	HIGH SCHOOL STUDENTS:
Can you work nights? O YES O NO	What is your availability while in school? Please explain:
Can you work days? O YES O NO	
Can you work overnights? O YES O NO	
First Date Available :	
Last Date Available:	
Do you desire: O Full-time O Part-time	
Are there any days of the week that you cannot work? O YES O NO	If yes, please explain:
Will you require time off this summer for personal or academic If yes, please provide dates:	reasons? O YES O NO
Will you be attending college/playing sports in the fall? O YES	O NO If so, when will your commitment begin?:
	REFERENCES
· · · · · · · · · · · · · · · · · · ·	rical order of preference (ie. 1= first choice) rnight positions available
	ply to certain positions/departments
ATTENDANTS/SECURITY/TRANSPORTATION BASEBALL OF	· · · · · · · · · · · · · · · · · · ·
FACILITIES MAINTENANCE (Fields, Grounds, General, Irrigation, Sho	p, Village*) HUMAN RESOURCES* KITCHEN
LAUNDRY* NETWORK & MEDIA SOLUTIONS	OFFICE PHOTOGRAPHY
RETAIL CENTER (Bat Engraving, Clothing & Souvenir, Photo Center)	STOREHOUSE (Food, General)
List and describe any special skills/certifications? (Typing, Data Entry, Computers, Supervisory Experience, M	
Musical, NYS Security Guard Certifications - provide licens Why do you want a job with Cooperstown Dreams Park? (U	
willy do you want a job with Cooperstown Dreams Fark? (C	ose separate page ii necessary)
List special honors, social activities, hobbies, sports, etc.:	
PLEASE F	READ CAREFULLY
	e best of my belief, and I understand that any false statements shall be
any of the information included on this application. In making t Park may investigate my background, which investigation may and other reports. These reports may include information as	ired. I hereby grant Cooperstown Dreams Park permission to investigate his application for employment, I understand that Cooperstown Dreams include acquisition of information contained in consumer, criminal, DMV to my character, work habits, performance and experience, along with t 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 ompletion.
Signature:	Date:/