



601 Earl Street
 Daytona Beach, FL 32118
 Phone: (386) 254-5020

APPLICATION FOR EMPLOYMENT

General Information

Name _____ Date _____
Last First

Address _____
Street City State Zip

Telephone () _____

Email _____ Age, if under 18 _____
(Minimum age of hire is 16)

Position and Availability

Date Available _____

Availability While is in Session

| Availability | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------------|------|-------|------|--------|------|------|------|
| From | | | | | | | |
| To | | | | | | | |

Can you work nights? Yes No How many hours can you work per week? _____

Availability While School is out of Session

| Availability | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------------|------|-------|------|--------|------|------|------|
| From | | | | | | | |
| To | | | | | | | |

Can you work nights? Yes No How many hours can you work per week? _____

Position Applying For: (Select One)

- Lifeguard Ride Operator Entertainment Center Cashier Park Services
 Maintenance Mascot Birthday Host/Guest Services F&B Cashier
 F&B Cook Bartender Cabana Server Other

Additional Information

Have you ever been employed by this water park in the past? Yes No

Can you certify that you are a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States? Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony in the last 10 years? Yes No

If YES, please explain: _____

Education

Please list the name and location for each school. Years Completed

High School _____

College _____

U.S. Military Service

Have you ever served in the U.S. Armed Forces? Yes No Date entered: _____

Are you currently a member of the National Guard? Yes No Discharge date: _____

List any special training: _____

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company _____ Position/Title _____

Address _____
Street City State Zip

Telephone () _____ Wages/Salary _____
Start End

Name of last supervisor _____ Dates _____
Start End

Reason for leaving _____
(be specific)

May we contact this employer? Yes No

Company _____ Position/Title _____

Address _____
Street City State Zip

Telephone () _____ Wages/Salary _____
Start End

Name of last supervisor _____ Dates _____
Start End

Reason for leaving _____
(be specific)

May we contact this employer? Yes No

References

Please include name, phone number, position, employer, and any other necessary circumstance of your acquaintance.

1.) _____

2.) _____

3.) _____

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment at Daytona Lagoon terminated.
Employment is contingent on completion of a Background Check*

Signature _____ Date _____

*** Daytona Lagoon is an Equal Opportunity Employer

Drop off completed application in person or email to George Shipley, HR Manager: gshipley@daytonalagoon.com