



**APPLICATION FOR EMPLOYMENT**  
 36201 Enchanted Parkway S. Federal Way, WA 98003  
 253-661-8027  
[www.wildwaves.com](http://www.wildwaves.com)

**EQUAL OPPORTUNITY EMPLOYER**  
**Wild Waves Theme Park is a Drug Free Work Place**

**Instructions:** It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic. **All employees must be 16+ years of age.**

**Full Legal Name (No Nicknames)** \_\_\_\_\_

**Present Address** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

**Mailing Address (if different than above)** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Position applied for: (please circle department(s) applying for)**

I am applying for:  Full-time  Part-time  Seasonal

- |                      |                  |                  |                 |                |
|----------------------|------------------|------------------|-----------------|----------------|
| Admissions           | Games            | Loss Prevention* | Retail          | Water Quality* |
| Aquatics (Lifeguard) | Group Sales      | Parking          | Ride Operations | Other: _____   |
| Cash Control*        | Haunted House    | Park Services    | Safety*         |                |
| Finance*             | Human Resources* | Maintenance*     | Security*       |                |
| Food Service         | Landscaping*     | Rentals          | Warehouse*      |                |

\* indicates departments that are 18+ years of age

**Are you at least 18 years of age?**  Yes  No

If no, please list Date of Birth: \_\_\_\_\_

**On what date would you be available for work?** \_\_\_\_\_

**Have you ever been employed by Wild Waves Theme Park?**  Yes  No

If yes, dates of employment: \_\_\_\_\_

**Are you legally eligible for employment in the United States?**  Yes  No

**How did you learn about this position?** \_\_\_\_\_

**EMPLOYMENT HISTORY**

Date Month/Year	Name/Address/Telephone of Former Employer	Salary	Job Title	Department	Reason for Leaving
From:		\$			
To:		Per			
From:		\$			
To:		Per			

**AVAILABILITY** – To help us consider you for a job that matches your availability, please indicate all days and hours your normal working hours can include. **You must answer all questions to be considered for employment.**

**On a regular basis, are you able to work?**

- |                                 |  |                           |  |
|---------------------------------|--|---------------------------|--|
| Memorial Day through Labor Day? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekdays (Monday-Friday)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekends before Memorial Day?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sundays?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekdays before Memorial Day?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saturdays?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekends after Labor Day?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Day Time Hours?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekdays after Labor Day?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Evening Hours?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                 |  | Holidays?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "No" to any of the above, please explain why normal working hours cannot include each of these dates:

\_\_\_\_\_

Provide any additional informational information that would affect your availability (i.e. specific hours or dates not available for work- this does not guarantee this time off, although we make every attempt to accommodate requests for time-off):

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

NAME/LOCATION OF SCHOOL	MAJOR/COURSE	LAST GRADE COMPLETED (circle)				
		8	9	10	11	12
<b>High School/ Middle School</b>						
<b>College/ University</b>		1	2	3	4	
<b>Trade, Business, Correspondence School</b>		1	2	3	4	

**REFERENCES**

	Name	Relationship to Applicant	Contact Information
<b>Reference #1</b>			
<b>Reference #2</b>			

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading 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 hired, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation is **Employment At-Will**. Employment with NorPoint Entertainment, dba Wild Waves Theme Park is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by the team member or by NorPoint Entertainment dba Wild Waves Theme Park. No oral or written statements or representations regarding employment can alter the foregoing. No manager or team member has the authority to enter into an employment agreement - express or implied - providing for employment other than at-will. 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. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_