



# APPLICATION FOR EMPLOYMENT

**ROCKIN R RIVER RIDES & CAMP HUACO SPRINGS**  
**1405 GRUENE ROAD ★ NEW BRAUNFELS, TX 78130 ★ 830.629.9999**

Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. **YOU MAY DROP OFF AT ADDRESS ABOVE OR FAX TO: 830.629.2677**  
**PLEASE PRINT**

|                       |                |
|-----------------------|----------------|
| NAME (FIRST/MI/LAST): | DATE:          |
| SOCIAL SECURITY #:    | PHONE#: (    ) |
| ADDRESS:              |                |
| CITY/STATE/ZIP:       | EMAIL:         |

|   |   |
|---|---|
| POSITION APPLIED FOR:   |   |
| <b>I UNDERSTAND THAT THIS IS SEASONAL/TOURIST-RELATED EMPLOYMENT &amp; IS NOT PERMANENT (INITIAL):</b>                        |   |
| AFTER MY SEASONAL EMPLOYMENT ENDS I INTEND TO:  | <input type="checkbox"/> RETURN TO SCHOOL <input type="checkbox"/> RETURN TO PREVIOUS JOB<br><input type="checkbox"/> SEEK OTHER EMPLOYMENT <input type="checkbox"/> OTHER _____<br>(EXPLAIN) |
| WOULD YOU ACCEPT FULL TIME WORK?    YES <input type="checkbox"/> NO <input type="checkbox"/>                                  |   |
| WOULD YOU ACCEPT PART TIME WORK?    YES <input type="checkbox"/> NO <input type="checkbox"/>                                  |   |
| ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____   |   |
| PROVIDE ANY DATES YOU WILL NOT BE ABLE TO WORK: _____   |   |
| HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____  | IF YES, WHAT DATES _____  |
| DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE U.S.? _____ (IF YES, PROOF IS REQUIRED)                                       |   |
| ARE YOU OF LEGAL AGE TO WORK? _____   | DATE OF BIRTH: _____  |
| MOVING VIOLATIONS PAST 3 YEARS? _____   | TDL#: _____                      EXPIRES: _____   |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?    YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| <b>IF YES, PLEASE EXPLAIN:</b> _____  |   |
| <small>CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANTE FROM EMPLOYMENT</small>                                       |   |

|   |   |
|---|---|
| <b>EDUCATIONAL BACKGROUND</b>   |   |
| DID YOU ATTEND HIGH SCHOOL?    YES <input type="checkbox"/> NO <input type="checkbox"/>   | DID YOU GRADUATEEE?    YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DO YOU HAVE A COLLEGE DEGREE?    YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| IF NOT, WHAT IS YOUR CLASSIFICATION, NAME AND LOCATION OF COLLEGE: _____                  |   |

**PREVIOUS EMPLOYERS AND ADDRESSES**

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

IN CASE OF AN EMERGENCY WHO SHALL WE CONTACT? \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES  NO

REFERENCES MAY BE REQUIRED UPON REQUEST.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 90 days.  
Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. All positions are seasonal.  
I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR DEPARTMENT PERSONNEL ONLY**

HIRED: YES  NO  DATE OF HIRE: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_ DEPT/CLASS: \_\_\_\_\_

COMMENTS: