



APPLICATION FOR EMPLOYMENT

Rockin' R River Rides - 2021

CONFLUENCE OPERATING, LLC * 1405 GRUENE ROAD * NEW BRAUNFELS, TX 78130

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 the completed form at the above address, email it to Work@RockinR.com

PLEASE PRINT:

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

POSITION APPLIED FOR:	LOCATION APPLYING FOR IF KNOWN:
I UNDERSTAND THAT THIS IS AT-WILL &/OR SEASONAL / TOURIST-RELATED EMPLOYMENT & IS NOT PERMANENT (INITIAL):	
AFTER MY SEASONAL EMPLOYMENT ENDS I INTEND TO: <input type="checkbox"/> RETURN TO SCHOOL <input type="checkbox"/> RETURN TO PREVIOUS JOB <input type="checkbox"/> SEEK OTHER EMPLOYMENT <input type="checkbox"/> OTHER _____ <div style="text-align: right; margin-right: 50px;"><small>(EXPLAIN)</small></div>	
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? _____	
I UNDERSTAND THAT I WILL BE REQUIRED TO WORK HOLIDAYS AND WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: _____	
TEXAS DRIVERS LICENSE #: _____ EXPIRES: _____	
DO YOU HAVE A CDL: YES <input type="checkbox"/> NO <input type="checkbox"/> <u>IF YES, ANY ENDORSEMENTS:</u> _____	
DO YOU HAVE ANY MOVING VIOLATIONS IN THE PAST 3 YEARS? _____	
HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN: _____	
<small>CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICATE FROM EMPLOYMENT</small>	

EDUCATIONAL BACKGROUND					
DID YOU ATTEND HIGH SCHOOL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DID YOU GRADUATE?	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,?	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	
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#: _____ PHONE#2: _____ ADDRESS: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

REFERENCES MAY BE REQUIRED UPON REQUEST.

I WAS REFERRED BY (Last, First Name): _____

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 _____

COMMENTS: