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 Canandaigua, NY 14424
 585-374-1180
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www.bristolmountainadventures.com



AERIAL ADVENTURES

OFFICE USE ONLY	
1.	_____
2.	_____
3.	_____
Int Date/Time: _____	

Bristol Mountain Aerial Adventures is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name	First Name	MI	Today's Date
Address		Town/Zip	Are you 18 years old or older? Yes No
Cell Phone Number		Home Phone Number	Are you 15 years old or younger? Yes No
Where did you hear about employment opportunities at the Aerial Park? (please indicate): Aerial Park Website Indeed Newspaper Ad Current/former employee Friend/family member Other _____			Email Address:

EMPLOYMENT DESIRED

Position Applied for. (Choose at least one)				Start Date:		
Would you like to work: (circle all that apply) Full Time Part Time Inside Outside				What Operating Hours Are You Available to Work?		
Please indicate any day you are UNABLE to work with an "X" below:				Weekend Availability:		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

Level	Name and Address	Number of years completed	Major Studies	Degree/Diploma License/Certificate
High School				
College, Vocational, Other				

MILITARY

Branch	Dates of Service	Final Rank	Special Training
	Start Date		
	End Date		

SKILLS

Certificates or Special Training
Computer Skills (hardware/software)
Other Skills, Knowledge, Areas of Expertise
What clubs, organizations, civic or other groups have you been a member in the last five years which are relevant to this job? (exclude any membership which would reveal race, religion, sex, age, national origin, or ancestry of its members)

EMPLOYMENT HISTORY Please list employment record, starting with the most recent.

Dates of Employment From: To:	Employer Name and Address	Supervisor Name and Job Title	Phone Number
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			
Dates of Employment From: To:	Employer Name and Address	Supervisor Name and Job Title	Phone Number
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			
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Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			

CHARACTER REFERENCES List people who are not related to you and are not previous employers.

Name	Phone Number	Relationship
		Years Known
Name	Phone Number	Relationship
		Years Known
Name	Phone Number	Relationship
		Years Known

GENERAL

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No
Have you ever worked for Bristol Mt., Roseland, or Aerial Park? Yes No . If yes, which dept/year?
Do any relatives currently work for the Aerial Park? Yes No If yes, which dept?
Have you ever been convicted of a crime? Yes No If yes, explain: <i>Conviction will not necessarily disqualify and applicant from employment.</i>
If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.? Yes No
If under 18 years old, will you be able to provide working papers from your school? Yes No

APPLICANT STATEMENT

I understand and agree to the following:

This application is not a contract of employment.

Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

The employer follows an "at will" employment policy, meaning the employer or I may terminate employment at any time for any reason consistent with the applicable law.

All hired persons must provide proof of identity and authorization to work in the U.S. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I authorize those employers to disclose to Roseland Waterpark all records pertinent to my employment with them.

I certify that all the information in this application is complete and true.

Signature of Applicant

Date

NEW APPLICATIONS WILL REMAIN ON FILE FOR THE CURRENT HIRING SEASON ONLY

****MAKE SURE YOU SAVE FORM BEFORE SUBMITTING**