Santa's Workshop

Cascade, CO 80809 719-684-9432

APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

| 2024 Season | | | | |
|--|--|------------------------------|--|--|
| Last Name: | First Name | | | |
| Mailing Address: | | | | |
| City/State/Zip Code: | | | | |
| Cell number: () | Email: | | | |
| Are you legally authorized to work in | the United States? [] Yes [] N | lo | | |
| Social Security Number or other ident | tification number | | | |
| [] 15 years of age [] 16 to Age and Birth Date will be required | Check one of the following: 17 years of age [] 18 yea d after employment for complianc ployment Opportunity Act | | | |
| IN CASE OF EMERGENCY NOTIFY: Name of Parent, Guardian or Next of K The above person's relationship to yo Address: | u: | | | |
| Daytime telephone number | | | | |
| | ta's Workshop before? [] Yes e employed | | | |
| SANTA'S WORKSHO | OP IS OPEN MID-MAY THRU DECEM | 1BER 24 | | |
| NOTE: Your availability dates are very you choose, because they will have a the dates you choose may affect future | strong bearing on your application | | | |
| I am available weekends until school i | is out for the summer [] Yes [] | No | | |
| I can begin full-time from: Begin | nning Date | | | |
| Endin I am available to work Labor Day Wee | ng Date ekend [] Yes [] No | | | |
| I can work weekends after school star | ts in the Fall [] Yes [] No | | | |
| If you were hired is there any activity work a regular schedule? Such as fai band, volleyball, etc.? If there is anythe state and give dates: | mily reunions, vacation, school ac | tivities like football camp, | | |
| | | | | |

| | Name & Location | Circle highest grade completed as of June 2024 |
|---------|-----------------|---|
| School | | 7 -8 - 9 - 10 - 11 - 12 |
| College | | 1 - 2 - 3 - 4 |
| Other | | 1 - 2 - 3 - 4 |

EMPLOYMENT HISTORY

| #1 | |
|---|--------------------|
| EMPLOYER | ADDRESS |
| | SUPERVISOR |
| | PAY: |
| PHONE NUMBER | REASON FOR LEAVING |
| #2 | |
| | ADDRESS |
| POSITION HELD | SUPERVISOR |
| DATES EMPLOYED: FROMTO RATE OF | PAY: |
| PHONE NUMBER | REASON FOR LEAVING |
| #3 | |
| EMPLOYER | ADDRESS |
| POSITION HELD | SUPERVISOR |
| DATES EMPLOYED: FROMTO RATE OF | |
| PHONE NUMBER REASO | N FOR LEAVING |
| SPECIAL SKILLS OR QUALIFICATIONS: | |
| How did you hear about Santa's Workshop? | |
| Have you reliable transportation to work? | |

(Be specific) _____

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I hereby certify the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that the omission, falsification, and/or misrepresentation of any fact from this application or during any interview will be cause for rejection of my application or immediate dismissal if I become employed.

Pre-employment Drug Screening Test. I understand that Santa's Workshop requires all Outdoor Park Personnel who receives a job to be tested for current use of illegal drugs. I also understand that the testing will be done at the company's expense, will require me to provide bodily substances (e.g., breath, urine, blood) and will be performed at a testing facility the company designates. I also understand that Santa's Workshop will not offer employment to anyone who fails the test or refuses to take the test. I agree to submit to drug screen testing as part of my application.

I authorize all employers, schools, and other organizations and persons' named on my application to provide any information relevant to an employment decision, and I release them from any/all liability whatsoever.

Criminal Records Check. I understand Santa's Workshop may use the information I provided in this application to obtain a publicly available criminal background report at any time.

I further understand that Santa's Workshop is an at-will employer. This means that if I am employed, it is not for any specific time or duration. I understand that, just as I am free to resign at any time, Santa's Workshop reserves the right to terminate my employment at any time, with or without cause and without prior notice.

| | Signature | | Date | |
|----------|-----------|----------------|------|--|
| | C | For Office Use | | |
| 0: | _ | | | |
| РТ | | | | |
| FT | _ | | | |
| Position | Where | | | |