



COOPERSTOWN DREAMS PARK
4550 St. Hwy. 28, Milford, NY 13807
www.cooperstowndreamspark.com

DATE ____/____/____

APPLICATION FOR SEASONAL EMPLOYMENT

Please complete both sides & print in dark ink.

All qualified applicants will be considered without regard to race, color, age, religion, sex, national origin or disability.
Applicants must be at least 14 years of age. **Working papers are mandatory for employees under age 18.**

PERSONAL DATA Are you 18 years of age or older? ____ If younger than 18, when is your birthday ____/____/____

NAME: LAST FIRST MI

Mailing Address: City: State: Zip:

Phone: () Cell Phone: ()

E-mail address:

Temporary or College Address: City: State: Zip:

Name of person to notify in case of emergency: Relationship:

Phone Number: () Alternative Phone Number: ()

Have you ever been employed by Cooperstown Dreams Park? O YES O NO If yes, what year and what department(s):

How did you hear about us? O Re-Hire O Walk-In O Ad O Friend/Relative O Job Fair O Other

If referred by a CDP employee, please list their name here

Do you have any relatives presently employed at CDP? O YES O NO If yes, please list name(s):

If hired, can you provide a valid driver's license? O YES O NO

EDUCATION

Use separate page if necessary

SCHOOL	SCHOOL NAME	CITY & STATE	GRADE COMPLETED BY JUNE 30th	DID YOU GRADUATE?	MAJOR OR SPECIALTY	LIST SPECIAL ABILITIES, HOBBIES, AWARDS OR HONORS
HIGH SCHOOL			GED 8 9 10 11 12			
COLLEGE			1 2 3 4 G			
TRADE OR BUSINESS SCHOOL			1 2 3 4			

Are you currently a full-time student? O YES O NO

If a junior in high school, are you interested in our Junior Class Initiative Program? O YES O NO

If a college student, are you interested in our Ambassador Program (Internship)? O YES O NO

EMPLOYMENT HISTORY - LIST LAST TWO EMPLOYERS

DATES EMPLOYED	COMPANY NAME	POSITION HELD	SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING

May we contact your present employer? O YES O NO

REFERENCES- LIST TWO - WORK, SCHOOL, OR PERSONAL

Individuals that we may contact -Do **NOT** list relatives

NAME	PHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	OCCUPATION	TYPE OF REFERENCE (SCHOOL, WORK, PERSONAL)

ADP _____

DCJS _____

NSOPW _____

Letter Sent _____

AVAILABILITYCan you work weekends? ☐ YES ☐ NOCan you work nights? ☐ YES ☐ NOCan you work days? ☐ YES ☐ NOCan you work overnights? ☐ YES ☐ NO

First Date Available : _____

Last Date Available: _____

Do you desire: ☐ Full-time ☐ Part-timeAre there any days of the week that you cannot work? ☐ YES ☐ NO If yes, please explain:**HIGH SCHOOL STUDENTS:**

What is your availability while in school? Please explain:

Will you require time off this summer for personal or academic reasons? ☐ YES ☐ NO

If yes, please provide dates (if hired, you'll still need to fill out a time-off request):

Will you be attending college/playing sports in the fall? ☐ YES ☐ NO If so, when will your commitment begin?:**JOB PREFERENCES***Indicate preference in numerical order (i.e. 1= first choice)*** Indicates overnight positions available**Age restrictions may apply to certain positions/departments*☐ BASEBALL OPERATIONS ☐ DATA ENTRY ☐ FACILITIES MAINTENANCE (Fields, Grounds, General, Irrigation, Shop, Village*) ☐ GUEST SERVICES*☐ STOREHOUSE ☐ HUMAN RESOURCES* ☐ KITCHEN ☐ MEDICAL/INFIRMARY (Must be an EMT, Nurse, or other qualified first responder)☐ NETWORK & MEDIA SOLUTIONS ☐ OFFICE ☐ PHOTOGRAPHY ☐ RETAIL CENTER ☐ SNACK SHACKS ☐ UNIFORM CLEANING SERVICE***Why are you interested in these departments?****List and describe any special skills/certifications?****(Typing, Data Entry, Computers, Supervisory Experience, Mechanical Repair, Video Editing, Audio/Visual, Musical, NYS Security Guard Certifications - provide license number, etc.)****Why do you want a job with Cooperstown Dreams Park? (Use separate page if necessary)****List special honors, social activities, hobbies, sports, etc.:****PLEASE READ CAREFULLY**

I certify that all statements on this application are correct to the best of my belief, and I understand that any false statements shall be sufficient cause for rejection of my application or dismissal, if hired. I hereby grant Cooperstown Dreams Park permission to investigate any of the information included on this application. In making this application for employment, I understand that Cooperstown Dreams Park may investigate my background, which investigation may include acquisition of information contained in consumer, criminal, DMV and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers.

Thank you for your interest in Cooperstown Dreams Park. Your application will remain active for six months from the date of completion.

Signature: _____**Date:** ____/____/____