



COOPERSTOWN DREAMS PARK
 4648 St. Hwy. 28, Cooperstown NY 13326
 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? YES NO If yes, what year and what department(s):

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

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

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

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

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

If a college student, are you interested in our Ambassador Program (Internship)? YES 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? YES 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)

AVAILABILITY

Can you work weekends? YES NO
Can you work nights? YES NO
Can you work days? YES NO
Can you work overnights? YES NO
First Date Available : _____
Last Date Available: _____

HIGH SCHOOL STUDENTS:
What is your availability while in school? Please explain:

Do you desire: Full-time Part-time
Are there any days of the week that you cannot work? YES NO If yes, 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*

- | | |
|--|---|
| <input type="checkbox"/> BASEBALL OPERATIONS | <input type="checkbox"/> OFFICE |
| <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> PHOTOGRAPHY CONTENT MANAGEMENT |
| <input type="checkbox"/> FACILITIES MAINTENANCE (Fields, Grounds, General, Irrigation, Shop, Village*) | <input type="checkbox"/> RETAIL CENTER |
| <input type="checkbox"/> GUEST SERVICES* | <input type="checkbox"/> SNACK SHACKS |
| <input type="checkbox"/> HUMAN RESOURCES* | <input type="checkbox"/> STOREHOUSE |
| <input type="checkbox"/> KITCHEN | <input type="checkbox"/> TECHNOLOGY |
| <input type="checkbox"/> MEDICAL (EMT, Nurse or other qualified first responder) | <input type="checkbox"/> 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: ____/____/____