

Landa Falls

Application For Seasonal Employment

Date of Application _____ **Position(s) Applied For** _____

Name _____ **Telephone** _____
 Last First Middle (include area code)

Address _____
 Number Street Apt# City State Zip Code

E-Mail _____

Are you 18 years of age, or older? Yes No

Have you filed an application with Wurstfest or Landa Falls before? Yes No

If yes, give date:

Have you ever been employed with this company before? Yes No

If yes, give date:

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Do you understand that the position you are applying for is seasonal employment only? Yes No

EDUCATION

	High School				Vocational Training				College/ University				Graduate/ Professional			
School Name																
Years Completed/ Degree	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma/Degree																
Describe Specialized Training, Skills and Extra-Curricular Activities																

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

1.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			
2.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

REFERENCES

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____

Availability

Using the calendars below, please indicate the dates you are **unable** to work by placing an “X” over the calendar day.

May-09						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June-09						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July-09						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August-09						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September-09						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that this application is for consideration only and does not guarantee my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that any misleading or incorrect statements may render this application void and if employed, would be cause for my immediate termination. I further agree that the Wurstfest Association of New Braunfels (DBA Landa Falls) shall not be liable in any respect if my employment is terminated because of false statements made by me on this instrument.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

If extended an offer of seasonal employment, I agree to abide by all rules, regulations and policies established for Landa Falls. I understand that failure to follow rules, regulations and policies may result in my employment termination.

Driver’s License State & #

Signature of Applicant

Date