



WAVE WATERPARK OFFICE
 101 WAVE DRIVE
 VISTA, CA 92083
 (760) 940-9283

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY - AFFIRMATIVE ACTION - DISABILITY EMPLOYER

POSITION APPLIED FOR: (please check)

- Aquatics (Lifeguard / Camp Counselor / Swim Instructor)
- Guest Services (Tickets / Merchandise / Gate / Office)
- Concessions (Food & Beverage / Birthdays)
- Park Services (Janitorial / Maintenance / Odd Jobs)
- EMT

EMAIL ADDRESS: _____

 LAST NAME FIRST NAME M.I. AREA CODE HOME PHONE AREA CODE WORK PHONE

 STREET ADDRESS CITY STATE ZIP

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this recruitment, contact the Human Resources Office at (760) 639-6145 or through the California Relay Service. Large print copies of all job announcements are available upon request. Notification in advance will enable the City to make reasonable arrangements to accommodate your needs.

1. Are you over 18? Yes No
2. Please check the types of appointment(s) you will accept:
 Full-time Regular Part-time Regular Full-time Temporary Part-time Temporary
3. May we contact your current and/or previous employers? If no, explain under the Remarks Section. Yes No
4. What is your minimum acceptable monthly salary? \$ _____
5. Have you ever been employed by the City of Vista? If yes, explain under the Remarks Section. Yes No
6. Are any of your relatives employed by the City of Vista? If yes, explain under the Remarks Section. Yes No
7. Have you ever been discharged or asked to resign? If yes, explain under the Remarks Section. Yes No
8. Do you have a valid Driver's license? Yes No

License Number _____ State _____ Expiration Date _____ Class _____

9. Are you able to perform the duties of the position applied for without an accommodation? If accommodation is needed, explain under the Remarks Section, how you would perform the tasks and with what accommodation. Yes No
10. Please select your notification preference: Email Mail

Prior to employment, applicants will be required to provide necessary documentation to verify proof of legal residence entitling them to work in the United States.

EDUCATION AND TRAINING

Circle highest grade completed in High School: 9 10 11 12 Did you receive a High School diploma? Yes No G.E.D. College: 1 2 3 4 5 6

Name and Address of Schools	Did you Graduate?	Degree	Major Subjects	Units Completed (If No Degree)
High School:				
College/University:				
Other Schools:				

Adult education, special training, certificates and/or licenses which directly relate to position applied for: _____

AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this Application are true and complete, and I authorize investigation of all matters herein contained. I agree and understand that any misrepresentation or commission of a material fact may be justification for rejection of my Application, refusal of employment, removal of my name from an Eligibility List, and/or dismissal from employment with the City of Vista. I agree to undergo a physical examination by a City Physician and fully understand that employment is contingent upon meeting the City's physical requirements. I further agree to be fingerprinted and to furnish proof of age and citizenship as may be directed. I also authorize the employers, schools and persons named above to provide any additional information regarding my qualifications and character.

 SIGNATURE DATE

EXPERIENCE

List all positions you have held in the last 10 years. Account for volunteer, part-time, military, summer positions, periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes may be attached but **WILL NOT** be acceptable in lieu of **COMPLETE ANSWERS.** Check the Job Announcement for details on the qualifications the City is seeking. Start with your present or most recent position and work backwards. Attach additional sheets as necessary.

DO NOT INDICATE "SEE RESUME"

CURRENT OR MOST RECENT EXPERIENCE

From To Employer Name & Address: _____ _____ Type of Business: _____ Supervisor Name & Title: _____ Telephone: () _____	Job Title _____ No. of Employees Supervised _____ Duties _____ _____ _____ Reason for Leaving: _____ Highest Monthly Salary: _____ Hours/Wk: _____
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REMARKS: IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET



Wave Waterpark Supplemental Questionnaire

Name: _____ Position Applied For: _____

School: _____ Last day of School: _____

Current Availability (right now - while still in school):

	MON	TUE	WED	THUR	FRI	SAT	SUN
From							
To							

Summer Availability (after last day of school):

	MON	TUE	WED	THUR	FRI	SAT	SUN
From							
To							

Do you have plans to take Summer School? YES / NO

Please read and initial in each box:

- I understand I must be **available** to work all nights, weekends, holidays and special events from Memorial Day (after school gets out) through Labor Day.
- I will be available to work at least 5 full shifts per week during the summer.
- I will **not** be requesting more than 7 total work days off during the summer. (Additional days off beyond the 7 day maximum will be the responsibility of the employee to shift trade away. The Wave cannot guarantee more than 7 days off per employee during the summer.)
- I will be able to attend scheduled trainings on weekends and afternoons while school is in session.
- I am willing to comply with The Wave's uniform and grooming standards. (Please reference standards form)
- I am willing to display outstanding guest service consistent with The Wave's standards.
- I understand that all Wave positions include duties of park cleanliness and I am willing to assist in maintaining a safe and clean facility.

Short Answers: (for additional room continue on back on paper)

- Why are you interested in working at The Wave? _____
- Why is it that you want / need a job right now? _____
- List 3 words that would best describe you. _____
- Are you involved in any sports / club / extra-curricular activities? If so, which ones. _____

Applicant Signature: _____ Date: _____

Office Use Only: Reviewed By: _____ Date: _____