



TreeRunner Grand Rapids Adventure Park

www.TreeRunnerGrandRapids.com

TreeRunner Grand Rapids
 2121 Celebration Dr NE #450
 Grand Rapids, MI 49525

ManagersGR@TreeRunnerParks.com

DEMOGRAPHIC INFORMATION									
Applicant Name				Application Date					
Street Address				Mobile Phone					
City		State		Zip Code		Email Address			
GENERAL INFORMATION				Yes	No	EMPLOYMENT DESIRED			
Are you at least 18 years of age or older?				<input type="checkbox"/>	<input type="checkbox"/>	Position Name			
Are you eligible to work in the US? *				<input type="checkbox"/>	<input type="checkbox"/>				
Are you willing to work weekends and holidays before starting date?				<input type="checkbox"/>	<input type="checkbox"/>	Hours Per Week			
Have you worked for this company previously?				<input type="checkbox"/>	<input type="checkbox"/>	Desired Salary			
Do you have currently effective American Red Cross Certificates?				<input type="checkbox"/>	<input type="checkbox"/>	Possible Start Date			
List Certifications				* If no, you may be required to provide a work authorization.		How did you hear about us?			
<i>*Please note that the presence of a criminal background does not automatically disqualify a candidate for a position. A full and independent review of each applicant against the requirements of the position will be conducted to determine if the candidate remains qualified for the position.*</i>									
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Terms of conviction			
If yes, year of conviction									
Please provide a description of the offense									
PROFESSIONAL CERTIFICATIONS									
Certification Name:				Registration Number					
Certification Name:				Registration Number					
List any professional societies of which you are a member									
EDUCATION									
Institution	Name and Location of School	# of years attended	Major Field of Study	Did you Graduate?		Degree or Diploma/Year Earned			
High School				Yes	<input type="checkbox"/>				
				No	<input type="checkbox"/>				
College				Yes	<input type="checkbox"/>				
				No	<input type="checkbox"/>				
Other Training				Yes	<input type="checkbox"/>				
				No	<input type="checkbox"/>				
				Yes	<input type="checkbox"/>				
				No	<input type="checkbox"/>				

PERSONAL REFERENCES (OTHER THAN RELATIVES AND FORMER EMPLOYEES)									
Name		Contact Information	Association	Name	Contact Information	Association			
WORK HISTORY									
Employment Dates		COMPANY NAME, MAILING ADDRESS AND PHONE NUMBER	Wage or Salary	Briefly and Clearly State Duties	Supervisor's Name	Reason for Leaving			
From	To								
TreeRunner reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please refer to the job description(s) for the position(s) you are applying for. Please comment below on any of your skills, knowledge, abilities and experience which especially qualify you for work with									
Are you related to anyone employed at TreeRunner? If yes, list names:									

TreeRunner(herein referenced to as "the EMPLOYER") is an equal opportunity employer. The EMPLOYER does not discriminate in employment on the basis of race, color, religion, gender, sexual orientation, gender identity, sexual orientation, national origin, age, disability, genetic information, marital status, height, weight, or status as a covered veteran in accordance with applicable federal, state and local laws or any other characteristic covered by federal, state, or local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for EMPLOYER to hire me. If I am hired, I agree that my employment is "at will" and I understand that either EMPLOYER or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the EMPLOYER (other than the Ownership) has the authority to make any assurance to the contrary, which must be in writing, signed by the Ownership and myself.

I acknowledge that any offer of employment may be contingent on the results of a background check satisfactory to the EMPLOYER. I attest with my signature below, that I have given the EMPLOYER true and complete information on this application. No requested information has been concealed. I authorize the EMPLOYER to contact references provided and to verify all listed employment. If any information provided is untrue, or I have concealed material information, I understand this will constitute cause for denial of employment or immediate dismissal.

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation does not impose an undue hardship on the employer. With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying the employer in writing of the need for accommodation within 182 days of the date the person with the disability knows or reasonably should know that an accommodation is needed. Failure to notify in advance will preclude any claim that the employer failed to accommodate the person with a disability under state law; however, this does not waive your rights under the Americans with Disabilities Act of 1990, as amended.

By signing below, I agree and understand that I have 300 days with which to file a charge of discrimination with the Equal Opportunity Commission arising out of my employment, application for employment or termination of employment. I agree that any other action or suit that I may bring against EMPLOYER arising out of or relating to my employment, application for employment or termination of employment must be brought within 180 days of the event giving rise to claim or be forever barred. I waive any longer limitations periods that may apply in those circumstances but I retain the right to file a charge of discrimination with the EEOC as stated above. This reduced limitations period is contractual in nature and may not be unilaterally modified by myself or the EMPLOYER.

Applicant's Signature _____

Date _____