



TreeRunner Parks, LLC TreeRunner Adventure Parks EMPLOYMENT APPLICATION

TreeRunner West Bloomfield Adventure Park
6600 West Maple Road
West Bloomfield, MI 48322
Ph (248) 419-1550
WBManager@TreeRunnerParks.com
TreeRunnerWestBloomfield.com

APPLICANTS MAY REQUEST ASSISTANCE FROM PARK ADMINISTRATION TO COMPLETE THIS FORM

POSITION APPLIED FOR: 1) _____ 2) _____

PRINT NAME IN FULL: _____
(Last) (First) (Middle)

EMPLOYMENT DESIRED: REGULAR PART TIME SEASONAL DATE AVAILABLE: _____

PERSONAL DATA

ADDRESS: _____ PHONE NUMBER: (____) _____ ALTERNATE NUMBER: (____) _____
(Number) (Street) (City) (State) (ZIP)

DRIVERS LICENSE TYPE AND ISSUE DATE: _____ HOW LONG A RESIDENT OF MICHIGAN? _____ ARE YOU OVER THE AGE OF 18? YES NO

WERE YOU EVER PREVIOUSLY EMPLOYED BY AN ADVENTURE PARK? YES NO IF YES, LOCATION & YEAR(S) EMPLOYED: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO IF YES, COMPLETE THE FOLLOWING:

DATE: _____ OFFENSE: _____ PLACE: _____ DISPOSITION: _____

APPLICANT AVAILABILITY & READINESS

ARE YOU AVAILABLE TO WORK WEEKENDS AND HOLIDAYS BEFORE STARTING DATE? YES NO TERMINATION DATE: _____

DO YOU HAVE CURRENTLY EFFECTIVE AMERICAN RED CROSS CERTIFICATES FOR: EMT/FIRST RESPONDER CPR FIRST AID AED LIFEGUARD TRAINING

PROFESSIONAL CERTIFICATES AND SOCIETIES

WHAT PROFESSIONAL CERTIFICATES DO YOU HOLD? _____ REGISTRATION NUMBER _____

_____ REGISTRATION NUMBER _____

LIST THE PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER _____

EDUCATION

INSTITUTION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE	LIST DEGREES OR DIPLOMAS
HIGH SCHOOL	_____				

COLLEGE	_____				

OTHER TRAINING	_____				

EXPERIENCE

(Please list all employment for the last ten years and begin by listing your last or present employer first)

EMPLOYMENT DATES		COMPANY NAME, MAILING ADDRESS AND PHONE NUMBER	WAGE OR SALARY	STATE DUTIES CLEARLY AND BRIEFLY	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 NO

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

PERSONAL REFERENCES

(Other than relatives and former employers)

NAME	COMPLETE MAILING ADDRESS AND ZIP	PHONE	HOW IS EACH ASSOCIATED WITH YOU

Are you related to anyone employed by TreeRunner? 1) Name: _____ Relationship: _____ 2) Name: _____ Relationship: _____

I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility all persons, companies or corporations supplying such information. I understand that such information may include records of disciplinary action assessed by previous employers and I hereby release such parties from any obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts will subject me to discharge at any time. Further, I hereby authorize and consent to have a background check performed for employment purposes.

APPLICANT'S SIGNATURE: _____ DATE: _____