



EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status.

W965 State Road 29
Spring Valley, WI 54767
hr@acoolcave.org
715-778-4414

Date of Application: _____

Name: _____

Address: _____
Number Street City State ZIP

E Mail: _____ Telephone: _____ Cell / Landline

Job applied for: _____ Rate of pay expected: \$ _____ per hour

How did you learn about this opening? _____

Availability

How many hours per week would you like to work? _____ How many days per week would you like to work? _____

If hired, what is the 1st date that you could begin working? _____

List hours available to work per week in the spring, summer and fall: Check here if available anytime.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
Spring (April-June)														
Summer (June-Sept)														
Fall (Sept-Oct)														

Pre-Employment Screening

Do you have any experience in a role that required interaction with and fulfilling guests' needs? Yes No

" I would feel comfortable interacting with guests in a busy environment. "
 Agree Mostly Agree It Depends Mostly Disagree Disagree

Are you interested in a role that requires you to: Yes No

- Consistently show up on time as scheduled? Yes No
- Respond to guests' needs through clear, pleasant and respectful communication? Yes No
- Perform many different tasks during each shift? Yes No
- Learn about the history and geology of Crystal Cave? Yes No
- Talk to groups of people of all ages and backgrounds? Yes No

Have you ever been terminated or asked to resign? Yes No
If so, why? _____

Were you referred to this role by a current Crystal Cave employee? If yes, by whom? _____

Do you have reliable transportation to work? Yes No

Please explain any qualifications, skills, education or experiences that you have which are beneficial to employment at Crystal Cave

Employment Application Continued

Past Employment (Beginning with most recent)

Dates (month / year)	Name and address of employer	Pay Rate	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

References

(Give the names of 3 persons not related to you, whom you have known for at least two years)

Name	Phone number	Occupation	How known	Years known

Education History

School	Name, City and State	Course of Study	Circle Last Year Completed					Did you graduate?	List Diploma or Degree	Grade Average
			1	2	3	4				
High School										
College/Vo Tec							5+			

Military History

Have you served in the U.S. Military? Yes No If yes, Please list duties performed, relevant training and work experiences.

Rank at Discharge: _____

Background

Are you 18 years of age or older? Yes No If under 18 only: date of birth ____ / ____ / ____

Have you ever been counseled or disciplined for cash handling violations? Yes No

If yes, please explain: _____

Directions for Submitting Finished Application

- All completed applications must include a full resume.
- E mail application and resume to hr@acoolcave.org, or fax to 715-760-4449 or mail to Crystal Cave

IMPORTANT- READ BEFORE SIGNING

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and is signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature _____

Date _____