



**EMPLOYMENT HISTORY** \_\_\_\_\_

A. Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title & Duties \_\_\_\_\_

Pay Rate \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

B. Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title & Duties \_\_\_\_\_

Pay Rate \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**AGREEMENT** \_\_\_\_\_

I hereby agree to provide this information for the purposes of assigning duties, record keeping and correspondence relative to Heritage Park. I understand that personal information will not be used or disclosed for purposes other than those for which it is collected or as required by law. I also understand that if I am employed by Heritage Park, my image may be reproduced, edited and used in whole or in part for any and all media including, without limitation, print, audio-visual, multi-media, and/or exhibition purposes, in any manner, in perpetuity and throughout the world. I understand and agree that I have no rights to any benefits derived from any such image.

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THE PURPOSE OF THIS APPLICATION IS TRUE AND THAT MY EMPLOYMENT REFERENCES MAY BE CHECKED.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

EMPLOYEE NAME: \_\_\_\_\_ INTERVIEW DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESULT:  Hired  Declined

UPON HIRE PLEASE OBTAIN BIRTH DATE, S.I.N. & EMERGENCY CONTACT INFORMATION

**BIRTH DATE (M/D/Y)** \_\_\_\_\_ **SOCIAL INSURANCE #** \_\_\_\_\_

START DATE: \_\_\_\_\_ CLASS CODE: \_\_\_\_\_ STEP: \_\_\_\_\_

EMPLOYEE TYPE:  Seasonal  On-call  Permanent Part-time  Temporary

Emergency Contact Name \_\_\_\_\_ Home Number \_\_\_\_\_

Relationship \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_