



4001 Bell Road
Hermitage, Tennessee 37076

2010 SEASONAL APPLICATION

TODAY'S DATE: _____

APPLICANT INFORMATION

First Name Initial Last Name

Street Address Ste./Apt./etc.

City State Zip Code Home Phone

Cell Phone E-mail Address

PLEASE CHECK ONE OF THE FOLLOWING: AGE 15 AGE 16-17 AGE 18 OR OLDER

IF EMPLOYED AND UNDER THE AGE OF 18, YOU MUST PROVIDE A COPY OF YOUR BIRTH CERTIFICATE. THIS COPY MUST BE PROVIDED BEFORE YOUR FIRST DAY OF WORK.

IN WHICH DEPARTMENT WOULD YOU LIKE TO BE EMPLOYED?

(Select your top three choices, i.e. 1st choice, 2nd choice, and 3rd choice.)

OPERATIONS	FOOD & BEVERAGE	RETAIL	AQUATICS	PARK SERVICES
Guest Services	Concessions/Food Carts	Retail/Gift Shop	Lifeguard	Sweeper
Ticket Seller/Taker	Bartender	Locker Rentals		Trash Puller
Toll Booth/Parking	Catering/Picnic Events	Cabana/Sales		Landscaping/Watering Crew
Cash Control				Maintenance
				Water Quality

Have you ever worked at Nashville Shores? _____ If yes, which department? _____ Year(s)? _____

How did you hear about employment opportunities at Nashville Shores? _____

List talents, hobbies, sports, and other interests. _____

Do you have reliable transportation? _____ Yes _____ No

List any conditions regarding transportation. (i.e. rely on parent for transportation) _____

Have you ever been convicted of a felony? _____ If yes, what? _____

CONTINUE ON THE NEXT PAGE



2010 SEASONAL APPLICATION: PAGE 2

EDUCATION

_____	_____	_____	_____
Name of High School	City/State	Currently Attending?	Year of Graduation?
_____	_____	_____	_____
Name of College/University	City/State	Currently Attending?	Year of Graduation?
Other Education: (list) _____			

Please give additional information that you feel makes you well suited for employment with Nashville Shores. (Include employment-related hobbies, interests, extracurricular activities, honors and awards, etc.) _____

PREVIOUS EMPLOYMENT

Dates (Begin-End)	Company	Position	Supervisor	Business Phone	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

When can you begin working at Nashville Shores? _____

State any hours/days you cannot work? _____

LIST THREE REFERENCES: (Only ONE relative may be listed.)

Name	Address	Phone	Relation to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By submitting this form I certify that the statements given in this application are correct, and I realize that falsification or misrepresentation of this or any other personal record may result in discharge. I authorize the employers, schools, and other organizations and persons named in my application to provide any information relevant to an employment decision, and I release them from any liability whatsoever. I agree to abide by all present and future rules and regulations if I am employed by Nashville Shores. I understand that if hired, my employment is at will and may be terminated by my employer or me at any time. Also, in the event of employment and in consideration thereof, the company and any person or concern it might authorize, shall be entitled, without future consent to copyright, sell or use in any manner, any picture or photograph of me, or recording of my voice.

I also understand and agree that no representative of Nashville Shores has any authority to enter into any agreement(s) for employment for any specified period of time or to make any agreements contrary to the foregoing unless it is in writing and signed by an authorized representative of Nashville Shores. I have the legal right to work in the United States of America and can provide documented proof.

Initial _____ I understand that Nashville Shores may require a drug test prior to my employment.

_____ I understand that Nashville Shores may submit me to random drug test(s) anytime during the duration of my employment.

_____ I authorize Nashville Shores to conduct a background check as a condition for employment.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ BY: _____

INTERVIEWER: _____ HIRED: YES NO OTHER: _____

DEPARTMENT: _____ DEPARTMENT CODE: _____ POSITION: _____

STARTING PAY RATE: _____ per hour ORIENTATION DATE: _____ START DATE: _____

NAME TO APPEAR ON PAYCHECK: _____ NAME TO APPEAR ON NAME TAG: _____