

**Singer Castle on Dark Island
Application for Employment**

P.O. Box 59 Chippewa Bay, NY 13623
(315) 324-3275



FOR OFFICIAL USE ONLY:

Date of Hire: _____
Orientation Date: _____
Department: _____
Pay Rate: _____

Please Print*

NAME: _____
ADDRESS: _____
CITY: _____ ST _____ ZIP _____
SSN: _____
HOME PHONE: _____ CELL: _____
AGE & BIRTHDATE IF UNDER 18: _____
EMERGENCY CONTACT & PHONE NUMBER: _____

METHOD OF TRANSPORTATION: _____
DO YOU HAVE FRIEND OR FAMILY CURRENTLY
EMPLOYED AT SINGER CASTLE: _____
WHO? _____
LIST YOUR SPECIAL SKILLS & ABILITIES, LAN-
GUAGES, HOBBIES, SPORTS, SPEECH & DRAMA
TRAINING: _____

HAVE YOU EVER BEEN CONVICTED OF A FEL-
ONY? _____ YES _____ NO

FOR MINORS ONLY:
FATHER'S NAME & ADDRESS: _____

MOTHER'S NAME & ADDRESS: _____

DO YOU HAVE A WORK PERMIT? _____

HOURS AVAILABLE:
____ SAT ____ SUN ____ MON ____ TUES ____ WED
____ THURS ____ FRIDAY

ONLY WEEKENDS? _____

SKILLS:
____ CASHING
____ PHONE
____ CUSTOMER SERVICE
____ OTHER List: _____

POSITIONS:
____ ANY ____ TOUR GUIDE ____ MANAGER
____ GIFT & TICKET CASHIER
____ TEA ROOM SERVER
____ JANATORIAL ____ CONSTRUCTION

EMPLOYMENT HISTORY: WE MAY VERIFY YOUR PAST EMPLOYMENT
NAME & ADDRESS OF EMPLOYER: _____

DATES OF EMPLOYMENT: _____
SUPERVISOR'S NAME & PHONE: _____
YOUR POSITION & DUTIES: _____

NAME & ADDRESS OF EMPLOYER: _____

DATES OF EMPLOYMENT: _____
SUPERVISOR'S NAME & PHONE: _____
YOUR POSITION & DUTIES: _____

YOU MAY ATTACH YOUR RESUME TO APPLICATION

INTERVIEW DATE: _____ 2ND INTERVIEW: _____
INTERVIEWED BY: _____

*****PLEASE READ AND SIGN ON SECOND PAGE OF APPLICATION*****



NOTIFICATION AND AGREEMENT

If there is anything you do not understand, please ask your interviewer to explain
APPLICATION MUST BE SIGNED BY APPLICANT IN ORDER TO BE CONSIDERED FOR EMPLOYMENT

PLEASE INITIAL EACH PARAGRAHPH:

_____ I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract, implied or explicit, between Dark Island Tours, Inc. and myself. In addition, I understand and agree that, if I am employed, my employment relationship with Dark Island Tours, Inc, is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and my be terminated at any time, that termination may occur with or without prior notice, with or without cause or reason, at the option of either myself or Dark Island Tours, Inc.

_____ I understand and agree that employment at Dark Island Tours, Inc. is seasonal.

_____ I understand that if offered employment, I will as a condition of employment, be required to submit proof of my identify and legal right to work in the United States. This information will be presented on my first day of employment (orientation day) as required by the Immigration and Reform Act of 1986.

_____ I understand that I am required to abide by all policies , procedures, rules and regulations of Dark Island Tours, Inc.

_____ I agree to having my photograph taken for identification purposes, if hired.

_____ I understand that filling out this form does not indicate there is a position open and does not obligate Dark Island, Inc. to hire me.

This job application shall be considered active for no more than six months. After that time, applicants will be required to resubmit a completed application. My signature below certifies that I have read and understand this completed page

Dark Island Tours is an equal opportunity employer. It makes all of its employment decisions without regard to race, color, reglion, gender, national origin, age, disability, sexual orientation, or any other legally protected status. It is our polity to comply fully with these laws. The information on this application will not be used for any purpose prohibited by law.

Thank you for your interest in employment at Singer Castle on Dark Island!
Applicants will be called to schedule interview appointments.

Signature: _____ Date: _____
