



**MOANING CAVERNS OPERATING LLC. DBA:  
MOANING CAVERNS ADVENTURE PARK**

Applicant Note: If you need assistance completing this application or for any phase of the employment process, please notify the Human Resource Department and every effort will be made to accommodate your needs in a reasonable amount of time.

- Please read the application thoroughly.
- Please answer all appropriate questions completely and accurately.
- Print clearly, incomplete or illegible applications will not be processed.
- False or misleading statements on this application will not be processed. If false or misleading statements are found out after employment is granted it is grounds for terminating your employment.
- Moaning Caverns Adventure Park is an equal opportunity employer and does not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

**I. PERSONAL INFORMATION (Please Print):**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

EMAIL ADDRESS:  
\_\_\_\_\_

PRESENT MAILING ADDRESS  
\_\_\_\_\_

                                    STREET                                    CITY                                    STATE    ZIP

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

*CIRCLE ONE:*    OVER 16 YEARS OLD                      OVER 18 YEARS OLD                      OVER 21 YEARS OLD

**II. EMPLOYMENT DESIRED:**

TOUR GUIDE \_\_\_\_\_ CLERK \_\_\_\_\_ MAINTENANCE \_\_\_\_\_ OUTDOOR ATTRACTIONS \_\_\_\_\_ IT \_\_\_\_\_  
                                    GROUP SALES \_\_\_\_\_ ACCOUNTING \_\_\_\_\_

**III. AVAILABILITY:**

DATE YOU CAN START \_\_\_\_\_

*ALL POSITION ARE CONSIDERED SEASONAL/PART TIME UNLESS OTHERWISE STATED*

**AVAILABILITY**

- **IF YOU HAVE OPEN AVAILABILITY BETWEEN 8 AM AND 11 PM CIRLE THE DAYS OF THE WEEK**
- **IF YOU DON'T HAVE OPEN AVAILABILITY WRITE IN THE HOURS YOU CAN WORK**

\_\_\_\_\_ MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY

\_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY

**HOLIDAYS THAT YOU CAN WORK (CIRCLE THE ONES YOU CAN WORK)**

MEMORIAL DAY WEEKEND	FRIDAY	SATURDAY	SUNDAY	MONDAY
FOURTH OF JULY WEEKEND	FRIDAY	SATURDAY	SUNDAY	MONDAY
LABOR DAY WEEKEND	FRIDAY	SATURDAY	SUNDAY	MONDAY

**IV. EDUCATION: NAME OF SCHOOL**

HIGH SCHOOL \_\_\_\_\_

COLLEGE, TECH, MILITARY OR OTHER \_\_\_\_\_

**V. REFERENCES:**

NAME	PHONE #	RELATIONSHIP	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____

NAME	PHONE #	RELATIONSHIP	YEARS KNOWN
_____	_____	_____	_____

**VI. QUESTION:**

1. DO YOU HAVE RELIBLE TRANSPORATION TO AND FROM WORK?    \_\_\_ YES    \_\_\_ NO
2. LIST ANY VACATIONS YOU HAVE SCHEDULED FOR THIS YEAR: \_\_\_\_\_
3. ARE YOU RELATED TO ANY PERSON WHO WORKS AT MOANING CAVERNS? If SO, WHO? \_\_\_\_\_
4. DO YOU KNOW ANYONE WHO WORKS AT MOANING CAVERNS? IF SO, WHO? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. HAVE YOU EVER WORKED AS A CASHIER? \_\_\_ YES \_\_\_ NO    WHERE \_\_\_\_\_    WHEN \_\_\_\_\_
6. HAVE YOU PREVIOUSLY WORKED FOR MOANING CAVERNS? \_\_\_ YES    \_\_\_ NO  
 IF SO WHEN \_\_\_\_\_
7. WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. HOW DID YOU LEARN ABOUT THE POSITION?

\_\_\_\_\_ INTERNET    \_\_\_\_\_ EMPLOYMENT OFFICE    \_\_\_\_\_ EMPLOYEE REFERRAL    \_\_\_\_\_ OTHER

**VII. DISCLAIMER:**

MOANING CAVERNS ADVENTURE PARK IS AN EQUAL OPPORTUNITY EMPLOYER. MOANING CAVERNS ADVENTURE PARK WILL NOT DISCRIMINATE AND WILL TAKE AFFIRMATIVE ACTION TO ENSURE AGAINST DISCRIMINATION IN EMPLOYMENT, RECRUITMENT, ADVERTISEMENTS FOR EMPLOYMENT, COMPENSATION, TERMINATION, OR PROMOTIONS, AND OTHER CONDITIONS OF EMPLOYMENT AGAINST ANY EMPLOYEE OR JOB APPLICANT ON THE BASIS OF PHYSICAL OR MENTAL HANDICAP, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX., ANCESTRY, MARITAL STATUS, SEXUAL PREFERENCE, PREGNANCY, OR AGE.

MOANING CAVERNS ADVENTURE PARK IS COMMITTED TO PROVIDING A WORK ENVIRONMENT THAT IS FREE FROM HARASSMENT. ALL EMPLOYEES, INCLUDING SUPERVISORS AND OTHER MANAGEMENT PERSONNEL, ARE REQUIRED TO ABIDE BY THIS POLICY. FILING COMPLAINTS OF UNLAWFUL HARASSMENT WILL NOT AFFECT YOUR EMPLOYMENT AND WILL BE RECEIVED AND INVESTIGATED IN A TIMELY MANNER. SHOULD YOU FEEL YOU HAVE BEEN DISCRIMINATED AGAINST OR HARASSED, PLEASE CONTACT A MEMBER OF MOANING CAVERNS MANAGEMENT IMMEDIATELY. IF EMPLOYED, ANY EMPLOYEE ENGAGING IN IMPROPER HARASSING BEHAVIOR WILL BE SUBJECT TO DISCIPLINARY ACTION, INCLUDING THE POSSIBLE TERMINATION OF EMPLOYMENT.

BY SIGNING THIS APPLICATION, I DECLARE THE INFORMATION PROVIDED BY ME IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY PRECLUDE AN OFFER OF EMPLOYMENT, OR MAY RESULT IN A WITHDRAWAL OF AN EMPLOYMENT OFFER, OR MAY RESULT IN MY DISCHARGE FROM EMPLOYMENT IF I AM ALREADY EMPLOYED AT THE TIME OF THE MISREPRESENTATION OR OMISSION IS DISCOVERED.

I HEREBY AUTHORIZE MOANING CAVERNS ADVENTURE PARK AND/OR ITS AGENTS, TO INVESTIGATE ALL STATEMENTS CONTAINED HEREIN. I AUTHORIZE ALL FORMER EMPLOYERS (UNLESS NOTED OTHERWISE), PERSONS, SCHOOLS, AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY AND ALL INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ALL SAID PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM EITHER FURNISHING OR COLLECTING SUCH INFORMATION.

I ALSO UNDERSTAND IF I AM HIRED BY MOANING CAVERNS ADVENTURE PARK I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I AGREE THAT, IF HIRED, I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AND MOANING CAVERNS ADVENTURE PARK MAY ALSO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND NO REPRESENTATIVE OF MOANING CAVERNS ADVENTURE PARK OTHER THAN ITS MANAGERS OR A DESIGNEE, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EITHER NOW, IN THE PAST, OR IN THE FUTURE. I FURTHER UNDERSTAND THAT SUCH AN AGREEMENT MUST BE IN WRITING AND SIGNED BY THE MANAGER FOR IT TO BE BINDING ON EITHER MYSELF OR MOANING CAVERNS ADVENTURE PARK. I FURTHER UNDERSTAND THIS STATEMENT SUPERCEDES ANY PRIOR ORAL OR WIRTTEN UNDERSTANDING AND BARS ANY FUTURE ORAL UNDERSTANDING TO THE CONTRARY.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*Office Use Only*

Department: _____			
Starting ROP: _____	Start Date: _____		
Email Address: _____	Phone Number: _____		
<input type="checkbox"/> Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Salary			