

6415 Black Horse Pike  
Egg Harbor Township, NJ 08234



(609)646-0103  
office@storybookland.com

This is a seasonal job.

Equal Opportunity Employer

## Application for Employment

**Before Applying Please be aware of Storybook Land's park operating hours.**

Please print and complete application in full then return to Storybook Land during park operating hours only.

**All Applicants must be at least 16 years old.**

### Personal Information

Name (Last)	(First)	(Middle)
Address	City, State	Zip Code
Home Phone	Cell Phone	Email
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred By:	
If not, Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Employment Desired

Position Desired: <input type="checkbox"/> Ride Attendant <input type="checkbox"/> Snack Bar <input type="checkbox"/> Housekeeping <input type="checkbox"/> Maintenance	Date you can start	Salary Desired
Total Days/Hours Available Per Week:	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to work on National/State/Regional Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied to Storybook Land? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know anyone who is currently or formerly employed by Storybook Land? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who _____	
Are you able to work til the end of the season (Dec. 30)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Please list the days and hours you are available

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

## References

Name	Phone Number	Relationship	Years Known

## Education History

School	Name & Location	Years Attended	Type of Degree
High School			
College/ University			
Other Schools			

## Former Employers-Please List the last 2 employers beginning with the most recent one first.

Employer Name:	From:	To:	Phone Number:
May we contact this employer:	Position:	Reason for Leaving:	

List the duties performed and the skills used or learned while you worked at this job:

Employer Name:	From:	To:	Phone Number:
Salary:	Position:	Reason for Leaving:	

List the duties performed and the skills used or learned while you worked at this job:

## Previous Experience/Training-Please circle all that apply

Food Service	Gift Shop	Maintenance	Ride Operator
Cashier	Cashier	Mechanic	
Snack Bar	Merchandise Stock	Electrical	
Food Prep	Other	Landscape	

## General Information

1. Why do you want to work at Storybook Land?

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2. Please list any job related skills, activities, or trainings that you consider relevant to your ability to perform the job for which you are applying.

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3. What are your greatest strengths and weaknesses?

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3. Do you work better as a team or alone?

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5. What do you know about Storybook Land?

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5. Have you ever worked in the Amusement Industry? \_\_\_\_\_

6. Name 5 adjectives that best describe you.

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## Please read and sign below

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 damage 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 to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized 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 \_\_\_\_\_