

GULFARIUM MARINE ADVENTURE PARK APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)						TODAY'S DATE:		
Name Last	First	MI	Dat	e of Birth		Gender Male Female	Soci	ial Security Number
Address			City				State	e Zip Code
Phone number:			Alternate pl	none numbe	er:		Refe	erred by:
Are you 18 years o	•		ented from law because of Visa	-	0 1		es N	0
Have you been con								
Yes No		_	•					
EMPLOYMENT AVA	ILABILITY							
Position desired:		Date	ate you can start:			Salary desired:		
Are you available	_		you employed	now?		If so, may we contact your current		
Full Time			Yes \square No			employer	Yes	s 🗀 No
	kends & holidays?	I	ou have your o	•				
☐ Yes ☐ No			Yes No (If No, plea	se explai	T		
Ever applied to Gulfarium?			r what position?			When?		
EDUCATION HISTO	ORY							
NAME AND LOCATION	ON OF SCHOOL	7	# OF YEARS ATTENDED DID YO		DU GRADUATE? SUBJECTS STUDIE		SUBJECTS STUDIED	
HIGH SCHOOL								
COLLEGE								
TRADE OR OTHER SCHOOL								
FORMER EMPLOYE	ERS (List below the	last four	r employers, st	arting with	the most	recent first)		•
1			er/Address &		Salary		Rea	ason for Leaving
From	Com	act perse	,,,,					
То								
From								
То	_					+		
From								
То	_							
From								
To								
GENERAL INFORMA	TION							
What special training or skills do you have that would help you obtain your desired position?								
TT G 3 677	10 :						-	
U.S. Military or Nav	al Service						Ranl	K

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D	\mathbf{r}	Г.	D	TO	ES

Name	Address & Phone #	Occupation	# of Years Known
OTHER INFORMATION	1		I
	al or Civil Organizations (F	velude those which may discle	ose you race, religion or national origin)
Wiembersmps in Trotession	ar or civil organizations (E	Actuae those which may discre	se you ruce, rengion of national origin)
State names of relatives and	d friends working for us:		
The information provided in statement or omission of fact			aplete. If you employ me, any mis-
I understand that acceptance employ me in the future.	of an offer of employment cr	eates no obligation upon you	u, the employer, to continue to
	also understand that all empl	•	as a condition of employment and/ orm effective the date of initial em-
Date		Signature	
	Do Not Write	Below This Line	
Notes And Remarks:			
H' 1 W M			
Hired Yes No			
If No, Please Explain:	D '.'		
Supervisor Solom/Wood	Position Full Time or Port Tie		Department
Salary/Wage	Full Time or Part Time		orting to Work
1.	2.	SIGNATURES 3.	
Human Resources Manager	Department M		al Manager

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the Final regulations and interpretive guidance promulgated by the EEOC on February 13, 2012.

Skills, Certifications, and Work Experience	
To help us process your application, please check all that	at apply.
Name:	Date:



Animal Husbandry (please	specify certifying organization)			
☐ Zoo animal tech/aquar	ium tech certificate	_		
☐ Aqua cultural science certificate				
☐ Aquarium keeping/aqu	na cultural experience			
First Aid/Lifesaving (pleas	se specify certifying organization)			
☐ First aid/CPR		_		
Lifeguard Certification				
□ Pool		_		
☐ Waterfront		_		
Food Service				
☐ Food prep				
	ance (please specify certifying organization)			
	tural or agri-science			
☐ Horticulture/landscapi				
	r experience			
☐ Electrical				
Plumbing				
Office/Clerical				
☐ Desktop Publishing				
☐ Web design				
☐ Microsoft Office	Second Section of Section (Section)			
AS/BA/BS/MA/MS in any	y certifying organization or institution)			
	er related fields (please specify if other)			
☐ Marine science or other	er related fields (please specify if other)			
— Δαμα cultural science				
☐ Aqua cultural science ☐ Horticultural science				
☐ Public relations		-		
	icate (please specify specialization)	-		
Public Relations	(proude speerly speerlinearies)	_		
☐ Public speaking				
☐ PR experience				
☐ Events organization/m	nanagement			
Retail/Customer Service				
☐ Cash register				
☐ Front desk/reception				
□ Inventory				
SCUBA Certification				
□ PADI				
□ NAUI				
□ TDI				
\square SSI				
\square SDI				
□ WASI/NASE				
☐ YMCA				
Other (please specify)				
Other (please be specific, i	nclude certifying organizations, etc.			