

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_\_ [MM/DD/YYYY] Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Check if this is a shared e-mail account

School Attending in the fall: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Check to receive operational updates by text/e-mail (recommended, text charges may apply)

Have you worked for Hyland Hills or Water World before? Year & Job? \_\_\_\_\_

How did you hear about the job? \_\_\_\_\_

Emergency Contact Name and relationship to employee: \_\_\_\_\_

Emergency Home Phone: \_\_\_\_\_ Emergency Work/Mobile Phone: \_\_\_\_\_

**Using the descriptions on page 2, list the specific team & job you are applying for:**

My first team & job preference is: \_\_\_\_\_

My second team & job preference is: \_\_\_\_\_

**Complete the W-4 form below.** Be sure to complete all of the highlighted fields. To view a complete W-4 worksheet and tips for completing this form, please visit <http://waterworldcolorado.com/w4>

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		CMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2012</span>	
1 Your first name and middle initial _____ Last name _____			2 Your social security number _____		
Home address (number and street or rural route) _____			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code _____			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____		6 \$ _____	
6 Additional amount, if any, you want withheld from each paycheck _____		6 _____		7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption.	
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b>					
• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.					
If you meet both conditions, write "Exempt" here _____				7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) _____				Date _____	

**Please do not write in this area**

Emp #: \_\_\_\_\_ Position: 210-\_\_\_\_\_ Wage/Hour \$ \_\_\_\_\_ SUP: \_\_\_\_\_ ACCT: \_\_\_\_\_

# Complete, Read & Sign this page

## •Availability this summer:

Water World is able to honor most advanced and disclosed scheduling requests, including time off up to 2 weeks in duration. Please answer these scheduling questions (changes after you are hired may result in disciplinary action).

Circle each answer:

- Available to work a minimum 4 days a week 5/26-9/3?    **Yes**    **No-Why?**
  - Fall Sports/Activities?    **Yes**    **No**
  - 2nd Job?    **Yes**    **No**
  - Will you need time off lasting over 3 consecutive days?    **Yes-**    **No**
- Length & When

## •General Questions:

- Have you been convicted of any law violation (except a minor traffic violation)?    **Yes:** Explain:    **No**
- If requested, would you submit to a security interview, background check and/or drug testing?    **Yes**    **No**

***•Please read the following eight items carefully & sign at the bottom. A Parent/Guardian Signature is required for all applicants ages 17 and younger. Applications without signatures will not be accepted.***

- 1) I hereby authorize Hyland Hills Park & Recreation District to seek medical treatment for injuries or illness sustained by employee during the course of his/her employment at Hyland Hills Park & Recreation District. Hyland Hills Park & Recreation District will make a conscientious effort to notify parents/guardians should treatment become necessary for the dependent child.
- 2) I certify that I have read pages 1-6 of the application and that all statements given on this application are correct and realize that falsification or misrepresentation of any information may result in employee's immediate discharge.
- 3) I agree in the event of employment, Hyland Hills Park & Recreation District, or any person it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, a photograph or videotape of me or recording of my voice.
- 4) I understand that if hired by the Hyland Hills Park & Recreation District, my employment is seasonal commencing on 5/12/12 (some training may occur prior to opening) and will not extend past Water World's last day of operation this year (9/4/12). I further understand that I am an "at will" employee. I am not guaranteed employment during the entire operating season and hours for which I am scheduled to work may be reduced or eliminated, without prior notice or compensation, based on the sole discretion of Water World Management.
- 5) I understand that Hyland Hills Park & Recreation District requires all of its employees to act in the best interests of the District and its constituents. It is my responsibility to, and I will, observe all rules, policies, operating procedures and directives of the District and behave with courtesy and respect toward other employees, guests and members of the public.
- 6) I agree to & understand the Rewards/Merit Programs, attendance & dates available guidelines on pages 3 & 6.
- 7) **I understand and agree that, if employed by Hyland Hills Park & Recreation District at Water World, I may be required to submit to random or reasonable suspicion drug and/or alcohol screening at any time at the discretion of Water World, according to Hyland Hills Park & Recreation District policies.**
- 8) **I do hereby release and hold harmless Hyland Hills Park & Recreation District from any and all claims whatsoever, including but not limited to, personal injury arising out of or relating to any non-work hour and/or non-work related recreational activity provided to employee by or on behalf of Hyland Hills Park & Recreation District.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Current Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee Name (first, middle initial & last)

\_\_\_\_\_  
Signature of Parent/Guardian (required for applicants ages 17 & younger)    Date

\_\_\_\_\_  
Print Name of Parent/Guardian