

**2010 SEASONAL POSITION APPLICATION-Ohio Renaissance Festival, Inc.**  
**Seven Weekends: Saturday, Sept. 4, 2010 - Sunday, Oct. 17, 2010, including Labor Day**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home/Cell): \_\_\_\_\_ (Work) \_\_\_\_\_

Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** (Home/Cell) \_\_\_\_\_ Work \_\_\_\_\_

**AVAILABILITY**

For which position are you applying? \_\_\_\_\_

Can you work all eight weekends? \_\_\_\_\_

ONE Student Day (Sept. 30)? \_\_\_\_\_

Comments: \_\_\_\_\_

**EDUCATION**

Please Circle the highest grade COMPLETED: 8 9 10 11 12 13 14 15 16 16+

**PLEASE LIST EDUCATION INFORMATION**

	NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

**SECURITY**

\_\_\_\_\_ YES \_\_\_\_\_ NO Have you used any names or Social Security numbers other than those listed on the page?

If so, please list here:

\_\_\_\_\_ YES \_\_\_\_\_ NO Have you been arrested in the past seven (7) years? If so, please describe below.

INCIDENT	CITY/STATE	CHARGE
1. _____	_____	_____
2. _____	_____	_____

1. \_\_\_\_\_
2. \_\_\_\_\_

**Application continues on second page. Please complete both pages.**

**EMPLOYMENT REFERENCES**

Have you worked at the Ohio Renaissance Festival before? \_\_\_\_ Yes \_\_\_\_ No  
 If so, when and in what capacity?

**MOST RECENT EMPLOYER**

Yes No Are you currently working for this employer?  
 Yes No If yes, may we contact them?  
 ( )

Company Name	City	State	Phone Number
From	To		
Dates Employed	Job Title	Supervisor's Name	
Duties			
Salary Per	(hour/week/month)	Reason for Leaving	

**SECOND MOST RECENT EMPLOYER**

Company Name	City	State	Phone Number
From	To		
Dates Employed	Job Title	Supervisor's Name	
Duties			
Salary Per	(hour/week/month)	Reason for Leaving	

**REFERENCES:** Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

**COMMENTS:** \_\_\_\_\_

**CERTIFICATION RELEASE:** I hereby certify that I have read this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs and alcohol is prohibited during employment. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date