



APPLICANT GENERAL INFORMATION

DATE:	<input type="text"/>	DRIVER'S LICENSE #:	<input type="text"/>
NAME:	<input type="text"/>		
	LAST	FIRST	MIDDLE
AGE*:	<input type="text"/>		
PRESENT ADDRESS:	<input type="text"/>		
	STREET	CITY	STATE
			ZIP
PERMANENT ADDRESS:	<input type="text"/>		
	STREET	CITY	STATE
			ZIP
CELL #:	<input type="text"/>	HOME #:	<input type="text"/>
EMAIL:	<input type="text"/>		D.O.B.:
			<input type="text"/>

POSITION DESIRED (CHECK BOX / BOXES)

ORIGINAL WISCONSIN DUCKS® / DELLS BOAT TOURS® / GHOST BOAT

DUCK DRIVER (TOUR / SHUTTLE) * 18 or older	<input type="checkbox"/>	DUCKS GREASER / SHOP ASSIST. * 16 or older	<input type="checkbox"/>	PARKING LOT ATTENDANT * 14 or older	<input type="checkbox"/>	OFFICE / ADMIN * 16 or older	<input type="checkbox"/>
BOAT TOURS PILOT * 18 or older	<input type="checkbox"/>	BOAT TOURS GUIDE * 16 or older	<input type="checkbox"/>	MECHANIC / SHOP SPECIALIST	<input type="checkbox"/>		
GHOST BOAT:		ALL ATTRACTIONS:		OTHER POSITION (PLEASE SPECIFY)			
SCARE ACTOR * 16 or older	<input type="checkbox"/>	TICKET AGENT	<input type="checkbox"/>	<input type="text"/>			

EDUCATION

HIGH SCHOOL	<input type="text"/>		
	NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED
TECH / TRADE	<input type="text"/>		
	NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED
			DEGREE/MAJOR
COLLEGE	<input type="text"/>		
	NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED
			DEGREE/MAJOR

WORK EXPERIENCE (START WITH LAST THREE EMPLOYERS, MOST RECENT FIRST)

TO-FROM	<input type="text"/>		
	DATE / MONTH / YEAR	EMPLOYER NAME / ADDRESS	POSITION
			REASON FOR LEAVING
TO-FROM	<input type="text"/>		
	DATE / MONTH / YEAR	EMPLOYER NAME / ADDRESS	POSITION
			REASON FOR LEAVING
TO-FROM	<input type="text"/>		
	DATE / MONTH / YEAR	EMPLOYER NAME / ADDRESS	POSITION
			REASON FOR LEAVING
CURRENTLY EMPLOYED? (Y/N)	<input type="checkbox"/>	MAY WE CONTACT YOUR EMPLOYER? (Y/N)	<input type="checkbox"/>
		IF YES, PROVIDE THEIR NAME & PHONE #:	<input type="text"/>





(CONTINUED FROM FRONT / FIRST PAGE)

REFERENCES (LIST THE NAMES OF THREE PERSONS WHOM YOU'VE KNOWN FOR AT LEAST 1 YEAR)

1
NAME RELATIONSHIP PHONE # YEARS ACQUAINTED

2
NAME RELATIONSHIP PHONE # YEARS ACQUAINTED

3
NAME RELATIONSHIP PHONE # YEARS ACQUAINTED

PHYSICAL RECORD

ANY DEFECTS IN HEARING (Y/N): DEFECTS IN SPEECH (Y/N): WEAR GLASSES OR CONTACTS? (Y/N): DO YOU SWIM? (Y/N):

HOBBIES?

PLEASE REVIEW, SIGN AND DATE THE FOLLOWING:

I certify that the information given in this application is true and give Dells Boat Tours®/ Original Wisconsin Ducks, Inc.® permission to inquire about any of the statements given. I also fully forever release and discharge Dells Boat Tours/ Original Wisconsin Ducks, Inc., their heirs, administrators, executors, successors, and assigns, and all other persons, firms, or corporations who might be liable from any claims, actions, rights of actions, and demands whatever kind of nature in the event of an accident or injury during off-duty hours or while participating in any Dells Boat Tours/Original Wisconsin Ducks, Inc. sponsored activities (softball, basketball, volleyball, social activities, etc.)

Signature _____ Date _____

Model Release: I give my consent to Dells Boat Tours/Original Wisconsin Ducks, Inc. and anyone else whom they may authorize to photograph me and to publish without any limitations as to the date of such use, photographs of me, with or without my name for any purpose, including editorial, advertising, promotion, or trade purposes.

Signature _____ Date _____

TO SUBMIT YOUR APPLICATION (FOR ANY OF OUR ATTRACTIONS / POSITIONS):

1. VIA WEB

Fill out the electronic application on our "JOIN OUR TEAM" / JOB OPPORTUNITIES web page and click SUBMIT.

2. VIA MAIL:

Send to: JOB OPPORTUNITIES
c/o ORIGINAL WISCONSIN DUCKS
P.O. Box 117
Wisconsin Dells, WI 53965

3. DROP OFF:

Deliver to:
ORIGINAL WISCONSIN DUCKS
1890 Wis Dells Pkwy (Hwy 12)
(Across from Mt. Olympus waterpark)