



**STUDENT SUMMER EMPLOYMENT APPLICATION**  
675 E. Capital Ave. • Bellevue • MI • 49021

Office Use Only:  
QB Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Wage: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**BEST** Phone # : \_\_\_\_\_ Cell  Home  If cell, is it ok to text you? \_\_\_\_\_

This position requires weekend availability. Do you understand and agree to that? \_\_\_\_\_ Yes

Availability: We will contact you with dates approximately 2 weeks out, and confirm week of event.

NOTE ANY WEEKENDS YOU ARE NOT AVAILABLE: \_\_\_\_\_

Are you able to lift 50 pounds or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

School you most recently attended:

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Now Enrolled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sports or Summer Activities: \_\_\_\_\_

Most Recent Job: (if not applicable, work performed on a voluntary basis or personal interests)

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Job: \_\_\_\_\_ Phone: \_\_\_\_\_ Hourly Pay: \_\_\_\_\_

During the Past 3 years, have you ever been convicted of a crime, excluding misdemeanors?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe fully:

\*A conviction will not necessarily bar you from employment.

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with Fun Services' policy.
2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that Fun Services reserves the right to amend their policies at any time, without prior notice. These policies do not create any promises or contractual obligation between Fun Services and its employees. At Fun Services, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Fun Services retains the same rights.
4. I understand that the use of illegal drugs is prohibited during employment. (this includes vaping/smoking as a minor)
5. My parents/legal guardians and I have read and understand all information and guidelines pertaining to my work.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

16 and 17 year old – Attach completed yellow work permit

14 or 15 year old – Attach completed horizontal pink work permit

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status or disability.



PARENT CONSENT FOR \_\_\_\_\_  
Name of Minor

I, \_\_\_\_\_, have read the work guidelines & have signed the work permit.

My child and I understand that the work sites are within ½ - 3 hours drive time and are outdoors. The final location of the work site and actual leave time will be confirmed 2 days prior to work. Transportation is provided by Fun Services (though I may opt to take my child directly to the work site). My child will bring food and beverage and wear the proper attire as requested. The return time is estimated and may vary. Fun Services is not responsible for my child after return to the warehouse.

“An employee may be dismissed without prior notice, for just cause, including theft, dishonesty, insubordination, failure to report to work, gross negligence, use of profanity, sexism or other conduct unbecoming of an employee.”

I give permission to have my child treated at a local hospital in the event of an accident or should my child become ill. If my child has any chronic medical problems (such as asthma, epilepsy, allergies, diabetes, etc.) we understand that the employer is not responsible for any of the medications or any emergencies the child may encounter but the “employee” knows fully what to do in an emergency related to their medical condition.

Emergency Contact:

1. \_\_\_\_\_  
Name Relationship Phone Number
2. \_\_\_\_\_  
Name Relationship Phone Number

Any other information we should know about your child that would be helpful to make this a good work experience: \_\_\_\_\_

Medical Insurance information (in case of non-work related illness):

Name of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent or Guardian)