

Office of Human Resources 1851 N Research Drive, Room 106 Bowling Green, Ohio 43403

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Six Flags Entertainment Corporation Employment Verification

Note: This form must be completed for each semester and may be submitted 8 weeks prior to the beginning of the semester through 5:00 p.m. on the Friday before that semester's Commencement. Late and penalty fees are the student's responsibility.

Section A: Six Flags Entertainme Six Flags Entertainment Corporation Employee)	ent Corpora	ntion Emplo	yee Informatio	on (to be completed by	
Applicant Status: (Check all that apply) FT	FT S	FT SFEC Spouse Dependent			
Six Flags Entertainment Corporation Emplo	yee ID				
Six Flags Entertainment Corporation Employee Name			BGSU ID		
Six Flags Entertainment Corporation Employee S	Signature			Date	
Six Flags Entertainment Corporation Emplo	yee's			Date	
Spouse/Dependent Name Six Flags Entertainment Corporation Emplo		BGSU ID			
Spouse/Dependent Signature				Date	
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Academic Year Semester	Fall	Spring	Summer		
Academic Career Graduate**	Undergradua	ate**			
**Note: A 1098T form will be generated at the	end of each cale	ndar year.			
Emerging Talent Partner, Six Flags Entertai Name	nment Corpora	tion			
Six Flags Entertainment Corporation Review I	nitial				
				Date	
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OHR Approval			Date		
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