

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 Entertainment Corporation Employee Information (to be completed by Six Flags Entertainment Corporation Employee)

Applicant Status: (Check all that apply) FT SFEC Employee FT SFEC Spouse Dependent

Six Flags Entertainment Corporation Employee ID _____

Six Flags Entertainment Corporation Employee Name _____ **BGSU ID** _____

Six Flags Entertainment Corporation Employee Signature _____
Date _____

Six Flags Entertainment Corporation Employee’s Spouse/Dependent Name _____ **BGSU ID** _____

Six Flags Entertainment Corporation Employee’s Spouse/Dependent Signature _____
Date _____

Academic Year _____ Semester Fall Spring Summer

Academic Career Graduate** Undergraduate**

****Note:** A 1098T form will be generated at the end of each calendar year.

Emerging Talent Partner, Six Flags Entertainment Corporation Name _____

Six Flags Entertainment Corporation Review Initial _____
Date _____

For use by BGSU Office of Human Resources

OHR Approval _____ **Date** _____

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