



## **HOW TO APPLY FOR A JOB AT SKY ZONE RIVERSIDE**

Thank you for your interest in employment at Sky Zone Riverside! We are always seeking quality candidates to fulfill roles as Cashier, Court Monitor, Party Host, and Event Coordinator.

To be considered for employment, please provide the following:

1. Employment Application included in this packet
2. 90 Second Video – Record a short video showing us, in your most creative fashion, how you would create a “WoW” experience for our guests at Sky Zone Riverside. Provide the link to your video (YouTube) in the space provided on the application attachment.

**< OR >**

One Page Essay – Provide a one page essay, in the space provided on the application attachment, telling us how you would create a “WoW” experience for our guest at Sky Zone Riverside.

You may drop off the completed application at Sky Zone Riverside or you can Scan and Email the application to [jobs@szone-riverside.com](mailto:jobs@szone-riverside.com) Please enter (Application – Your First and Last Name) in the subject line.

Our management team will review all submissions. If further information is required, or if we would like to set up an interview, we will contact you via phone or email within 14 days.



Thank you for applying!

Sky Zone Riverside Management Team





# EMPLOYMENT APPLICATION – RIVERSIDE

**Please Print Clearly**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Do you access email daily? [ ] Yes [ ] No

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_

No. Street City State Zip

Permanent Address \_\_\_\_\_

(If different from above) No. Street City State Zip

## **Employment Desired**

Position applying for \_\_\_\_\_

What Days and Times are you available to work? (Grey indicates most available hours)

<b>Availability</b>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
AM							
PM							

Are you available to work most weekends? [ ] Yes [ ] No

Are you available to work most evenings and holidays? [ ] Yes [ ] No

How many hours per week do you want to work? \_\_\_\_\_

If hired, what date can you start work? \_\_\_\_\_

Desired Compensation: \_\_\_\_\_

## **Personal Information**

Have you ever applied to or worked for Sky Zone before? [ ] Yes [ ] No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Sky Zone? [ ] Yes [ ] No

If yes, state name(s) and relationship? \_\_\_\_\_

**Personal Information Continued**

Why are you applying for work at Sky Zone?

---

---

---

If hired, do you have reliable means of transportation to and from work?  Yes  No

Are you at least 18 years of age?  Yes  No

(If under 18, hire is subject to verification that you are of legal minimum age)

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed:

---

---

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, as well as skill and agility tests.)

How many days of school or work did you miss due to illness or injury in the last 365 days? \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case:

---

---

(Note: No applicant will be denied employment solely on the grounds of convictions of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training, and Experience**

School	Name/Address	Years Completed	Graduate? Y / N	Degree/Diploma
High School				
College/University				
Vocational/Business				

Do you speak, write, or understand any foreign languages?  Yes  No

If yes, which language(s) and how proficient? \_\_\_\_\_

## Employment History

Beginning with your present or last employer, list all previous employment for the past 5 years. Account for all periods of unemployment. You must complete this section even if attaching a resume.      *\*\*Add a separate page if you have held more than 2 jobs during this time.*

Name of employer		Address		Type of business
Name of immediate supervisor			Supervisor's title and telephone number	
Title of your position		Reason for leaving		
Starting date	Final date	Starting pay	Final pay	Hours worked per week
Duties				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me first				

Name of employer		Address		Type of business
Name of immediate supervisor			Supervisor's title and telephone number	
Title of your position		Reason for leaving		
Starting date	Final date	Starting pay	Final pay	Hours worked per week
Duties				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me first				

## **References**

**List below three persons not related to you who have knowledge of your work performance within the last three years.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip  
Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip  
Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip  
Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_  
Email \_\_\_\_\_

### **Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to foregoing are binding on the company unless made in writing and signed by me and the designated company representative.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_