



**SKY ZONE**  
TRAMPOLINE PARK

**SZMIA Inc. dba Sky Zone Cutler Bay**

**Employment Application**

***Please Print***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
No. Street

Address (cont.): \_\_\_\_\_  
City State Zip

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

What days and hours are you available to work? \_\_\_\_\_

Are you available on the weekends? :  Yes  No

Would you be available to work overtime if necessary?  Yes  No

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

**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? \_\_\_\_\_

Why are you applying for work at Sky Zone? \_\_\_\_\_

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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No  
(Convictions for Marijuana –related offenses that are more than two years old need not be listed)

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 and Address	# of Years Completed	Did you graduate?	Degree or diploma earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/ Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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				

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## **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 SZMIA Inc. to thoroughly investigate my references, work records, education, criminal records, credit reports and other matters related to my suitability for employment and further, including but not limited to authorize the references I have listed to disclose 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 SZMIA Inc., 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: \_\_\_\_\_