

Altitude Trampoline Park Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE		
APPLICATION FOR EMPLOYMENT		
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS		
PLEASE COMPLETE PAGES 1-4.	DATE	
Name		
Last	First	Middle Maiden
Present address		
Number	Street	City State Zip
How long		Social Security No. _____ - _____ - _____
Telephone (____) _____		
If under 18, please list age		
Position applied for (1) and salary desired (2)		Days available to work No Pref Thur Mon Fri Tue Sat Wed Sun
How many hours can you work weekly?		Can you work nights?
Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME		
What hours are you available for work on the days selected above? (Check all that apply)		
Any 9AM-5PM 9AM-3PM 3PM-11PM		
List Other Hours: _____		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)
High School		
College		
Bus. or Trade School		
Professional School		
NUMBER OF YEARS COMPLETED		
MAJOR & DEGREE		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		
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DO YOU HAVE A DRIVER'S LICENSE? Yes No		

[illegible]

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Work experience		Please list your most recent work experience, beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer:		Name of last supervisor	Employment dates	Pay or salary	
Street Address: City, State, Zip Code			From To	Start Final	
Phone number: ()					
		Your last job title			
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Name of employer		Name of last supervisor	Employment dates	Pay or salary	
Street Address: City, State, Zip Code			From To	Start Final	
Phone number:					
		Your last job title			
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
May we contact your present employer? Yes No					
Did you complete this application yourself Yes No					
If not, who did?					

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by EXIT, LLC dba Altitude Trampoline Park (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of EXIT, LLC dba Altitude Trampoline Park or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and EXIT, LLC dba Altitude Trampoline Park may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.