

## Geronimos Trampoline Park Employment Application Form

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>		
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**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

<b>PLEASE COMPLETE PAGES 1-4.</b>	DATE
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Name			
Last	First	Middle	Maiden

Present address				
Number	Street	City	State	Zip

How long	Social Security No. _____ - _____ - _____
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Telephone (____)
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If under 18, please list age
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Position applied for (1) and salary desired (2)	Days available to work No Pref          Thur Mon                Fri Tue                 Sat Wed                Sun
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How many hours can you work weekly?	Can you work nights?      Yes      No
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Employment desired      FULL-TIME ONLY          PART-TIME ONLY          FULL- OR PART-TIME
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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: _____
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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?    No                      Yes
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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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**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE?      Yes      No
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**APPLICATION FOR EMPLOYMENT**

**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 Geronimos 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 Geronimos 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 Geronimos 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.