



PERSONAL (Please print using ballpoint pen.)

FULL NAME	Last			First			Middle			Date
	Street			City			State			Zip
PRESENT ADDRESS	Street			City			State			Zip
Home Phone	Cell Phone			Email Address			Best time to Call?			Are you 16 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any family members or friends employed at Ultimate Air? <input type="checkbox"/> Yes <input type="checkbox"/> No										Are you 21 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please identify person and location. _____										

EMPLOYMENT

POSITION DESIRED - _____ WORK SCHEDULE DESIRED _____ HOURS/WEEK _____

DATE AVAILABLE FOR WORK - _____ FULL TIME PART TIME SALARY EXPECTED - \$ _____ PER _____

PLEASE INDICATE THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

As you complete the above grid, please keep in mind other regular commitments you may have. Operating hours can be from 9:00am to 10:00pm (or later). **Must be available most Saturdays and School Breaks.** Completion of this schedule does not guarantee the actual hours you will work.

Do you have reliable transportation? Yes No
Are you able to stand for long periods of time? Yes No

IDENTITY AND EMPLOYMENT ELIGIBILITY VERIFICATION

When requested, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

EMPLOYMENT EXPERIENCE

GIVE PAST EMPLOYMENT AS COMPLETELY AS POSSIBLE, STARTING WITH YOUR PRESENT OR LATEST EMPLOYER, INCLUDING SUMMER EMPLOYMENT.

	MONTH	YEAR	EMPLOYER'S NAME & ADDRESS- CITY-STATE-ZIP	Name & Title of Immediate Supervisor	Last Position You Held & Salary	Reason for Leaving
From			Employer			
To			Address Telephone			
From			Employer			
To			Address Telephone			
From			Employer			
To			Address Telephone			

Employment Application

EDUCATION				
SCHOOLS	NAME AND ADDRESS OF SCHOOL OR COLLEGE	MAJOR STUDIES	# Years Attended	Graduate? Yes / No
HIGH SCHOOLS				
COLLEGE, TRADE OR BUSINESS SCHOOLS				

U.S. MILITARY

Branch of Service	Type of Duty
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What specialized training did you receive?

What type of discharge?

REFERENCES

GIVE NAME OF THREE PERSONS NOT RELATED TO YOU. THESE PEOPLE SHOULD HAVE KNOWN YOU FOR SEVERAL YEARS.

FIRST & LAST NAME	ADDRESS STREET, CITY, STATE, ZIP	OCCUPATION	NUMBER OF YEARS ACQUAINTED
	Telephone		
	Telephone		
	Telephone		

In Case of Emergency, Notify: _____
 Name Address Phone

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. Upon employment, I will submit genuine documentation that establishes my identity and authorization to be legally employed within the United States.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information my prior employers or employment references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice by either party. I understand and agree that Ultimate Air Trampoline Park's employment policies, manuals and handbooks are not express or implied contracts and that these documents and the wages, benefits and other terms and conditions of employment may be changed from time to time at Ultimate Air Trampoline Park's discretion and without notice to me.

NOTE TO APPLICANT: BY SIGNING THIS APPLICATION FORM YOU ARE ATTESTING THAT YOU HAVE FULLY READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE-STATED INFORMATION.

Date: _____ Signature: _____