

# PHOENIX



## TRAMPOLINE PARK MANAGEMENT

*We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.*

### APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

*(Complete all sections thoroughly. A resume' may be attached but may not substitute for completion of the application.)*

Print Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip

Social Security Number \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**Position(s) applied for:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

Available hours per week \_\_\_\_\_ Date available to start work \_\_\_\_\_

Full Time  Part Time  Temporary  Minimum compensation requirement \$ \_\_\_\_\_

Our parks are open 365 days a year. A reasonable effort will be made to accommodate any religious needs should you be hired.

Are you at least 16 years of age? Yes  No

Are you able to perform the essential functions of the job for which you have applied? Yes  No

#### Clerical Skills/Computer Skills

Typing Speed \_\_\_\_\_ Keyboard Skills (Data Entry) \_\_\_\_\_

List any additional skills, education or training related to the position applied for \_\_\_\_\_

#### Record of Education

Please include name and address of school and under what name attended if different

Course of Study	Year Completed	Did you Graduate?	Diploma or Degree
High School _____	1 2 3 4		
College _____	1 2 3 4		
Other (specify) _____	1 2 3 4		

**Employment History**

Please list all previous employers; if further space is needed, attach additional paper.

Present or Most Recent Employer	Telephone ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes _____ No _____

Previous Employer	Telephone ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes _____ No _____

Previous Employer	Telephone ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes _____ No _____

**References**

List two references, primary telephone numbers and years known. *(Do not include relatives or employers.)*

Name of Reference	Name of Reference
Relationship	Relationship
Telephone Number	Years Known
Telephone	Years Known

**Employment Conditions – Read Carefully Before Signing**

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Phoenix Trampoline Park Management, LLC, Inc. If employed, I may terminate my employment at any time and the Employer may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Phoenix Trampoline Park Management, LLC, I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Finally, I freely and voluntarily agree to undergo drug testing after expiration of any applicable notice period, or at any time during my employment with Phoenix Trampoline Park Management, LLC. I understand that either refusal to submit to the test or failure of the test per Phoenix Trampoline Park Management, LLC policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Phoenix Trampoline Park Management LLC is an equal employment opportunity employer. Employment decisions are based on an employee's education, experience, performance and business needs. They are not based on an employee's race, color, religion, national origin, sex, sexual orientation, marital status, citizenship status, age, disability, veteran status, genetic history, or any other factor protected by law. Phoenix Trampoline Park Management, LLC, is a no-smoking facility in compliance with the Tennessee Non-Smoker Protection Act.*