



# SKY ZONE<sup>SM</sup>

## Employment Application

***Please Print***

Date \_\_\_\_\_

Name \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Secondary phone (\_\_\_\_) \_\_\_\_\_

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

Present Address \_\_\_\_\_  
No. Street City State Zip

Permanent Address  
(If different from above) \_\_\_\_\_  
No. Street City State Zip

### **Employment Desired**

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

What days and hours are you available for 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? \_\_\_\_\_

Salary desired: \_\_\_\_\_

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

If hired, would you have a 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)



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### **Personal Information Continued**

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
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)? \_\_\_\_\_



## ***Employment Application - Page 3***

### **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 <span style="float: right;"><input type="checkbox"/> Please contact me first</span>					

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 <span style="float: right;"><input type="checkbox"/> Please contact me first</span>					



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### **Employment History Continued**

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 <span style="float: right;"><input type="checkbox"/> Please contact me first</span>					

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 <span style="float: right;"><input type="checkbox"/> Please contact me first</span>					



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### References

List below three persons not related to you who have knowledge of your work performance within the last three years:

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

### 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 the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company 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 the company, 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 the foregoing are binding on the company unless made in writing and signed by me and the designated company representative.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_