



Employment Application

*An Equal Opportunity Employer
Drug Free Workplace*

Dear Applicant,

*Thank you for applying to i-Trampoline, Indoor Family Fun Park. Each question on this application should be fully and accurately answered. No action can be taken until all questions have been answered. Use blank paper if you need additional space. **PLEASE PRINT**, except for your signature. Modified applications are not acceptable. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Interested applicants may submit their application to email: trampolineparkops@gmail.com or fax to (808) 440-0612.

Last Name: _____ First, MI: _____
 Address: _____ City, State, Zip: _____
 Phone No.: _____ Alternate No.: _____
 E-mail: _____

Today's Date: _____ Available Start Date: _____
 Job Applying For: _____ Job Announcement No.: _____

Are You Seeking: Full-time Part-time On-call Temporary

How did you hear about this position?

Craig's List Dellew Website Newspaper JEMS
 Worklinks / HireNet Job Fair Referral _____
 Other _____

Have you ever filed an application with i-Trampoline before? Yes No

Have you ever been employed by i-Trampoline? Yes No

If yes, list date range, position and location:

Is any member of your family currently employed by i-Trampoline? Yes No

If yes, please identify name and relationship:

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? (Proof of citizenship or immigration status required upon employment.) Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever worked or attended school under any other name? Yes No

If yes, list name

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain.

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military services and any periods of unemployment. If self-employed, give firm name and supply business references. **Do not substitute your resume for employment history.**

Employer: _____ Supervisor: _____
Address: _____ Supervisor Phone No.: _____
City, State, Zip: _____

Employed: From (mo/yr): _____ To (mo/yr): _____
Pay: Start: \$ _____ Final: \$ _____
Title: _____ Reason Left: _____
Primary Duties: _____

May we contact this employer? Yes No

Employer: _____ Supervisor: _____
Address: _____ Supervisor Phone No.: _____
City, State, Zip: _____

Employed: From (mo/yr): _____ To (mo/yr): _____
Pay: Start: \$ _____ Final: \$ _____
Title: _____ Reason Left: _____
Primary Duties: _____

May we contact this employer? Yes No

Employer: _____ Supervisor: _____
Address: _____ Supervisor Phone No.: _____
City, State, Zip: _____

Employed: From (mo/yr): _____ To (mo/yr): _____
Pay: Start: \$ _____ Final: \$ _____
Title: _____ Reason Left: _____
Primary Duties: _____

May we contact this employer? Yes No

Education

High School or GED

Name: _____

Address: _____

Years Completed: _____ Diploma/Degree/Certificate: _____

College or University

Name: _____

Address: _____

Years Completed: _____ Diploma/Degree/Certificate: _____

Vocational or Technical

Name: _____

Address: _____

Years Completed: _____ Diploma/Degree/Certificate: _____

Professional Licenses, Registrations and Certifications

Type of License	Name on License	License No.	Exp Date	State

List professional, trade, business or civic activities, and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status.

Describe any specialized training apprenticeship, skills, and extra-curricular activities.

References

Provide the name of three persons, not related to you, whom you have known at least one year.

Name	E-mail	Phone	Business or Personal	Years Known
1.		() -		
2.		() -		
3.		() -		



Attachment A

(Application not valid unless signed.)

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree to have a drug screening analysis for substance abuse and understand that any offer of employment is contingent upon my passing this drug screening.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE AGREE AND CONSENT TO THESE STATEMENTS.

Signature

Date



Attachment B

Prior Employment Consent

Applicant Name _____

1. Previous Employer (most recent): _____
Previous Employer's Address: _____
City, State, Zip: _____
Phone Number: _____
Phone Number (Alternate): _____

Dates of Employment From: _____ To: _____
Job Title: _____
Reason for Leaving: _____

2. Previous Employer: _____
Previous Employer's Address: _____
City, State, Zip: _____
Phone Number: _____
Phone Number (Alternate): _____

Dates of Employment From: _____ To: _____
Job Title: _____
Reason for Leaving: _____

3. Previous Employer: _____
Previous Employer's Address: _____
City, State, Zip: _____
Phone Number: _____
Phone Number (Alternate): _____

Dates of Employment From: _____ To: _____
Job Title: _____
Reason for Leaving: _____

I consent to and authorize i-Trampoline to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, or other entity to provide i-Trampoline with any information of any sort (including fact or opinion) they may have regarding me. In consideration of i-Trampoline's review of this application, I release i-Trampoline and all providers of any information from any liability as a result of furnishing and receiving this information.

Signature

Date



Attachment C Applicant's Informed Consent to Drug and Alcohol Testing

Please read this document carefully.

The Company is committed to providing a safe and healthy environment for all employees, customers and the public. It is also committed to eliminating the hazards in the workplace created by drug abuse and has adopted a drug-free workplace policy. Accordingly, all job offers will be contingent upon a new hire passing a drug and alcohol test prior to employment. The Company will not hire anyone who fails this test.

1. I, _____, understand that if I receive a conditional offer of employment, I will be required to do a drug and alcohol test, and must report to the designated collection site within six (6) hours of the offer. Because of administrative complexities, however, international hires may be given additional time to complete the testing.
2. I understand that this policy provides for drug and alcohol testing. Unless I am advised otherwise in advance and in writing by the Company, substance abuse testing at the Company will test for the following substances: marijuana, cocaine, opiates, amphetamines (including crystal methamphetamine), phencyclidine (PCP) and alcohol.
3. By this acknowledgment, I am advised that over-the-counter medications or prescribed drugs may result in a positive test result for drug testing. I understand that it is my responsibility to notify the Medical Review Officer if I have taken any over-the-counter medication or prescribed drugs within the past thirty (30) days.
4. I understand that if I refuse to be tested, fail to report within the required time, leave the designated collection site without providing a urine specimen, refuse to sign a release and authorization to submit to any drug screen test, refuse to sign the consent form to permit the Medical Review Officer to provide the results to the Company, and/or fail the test, I will not be eligible for hire at the Company.
5. I freely and voluntarily consent to submit to alcohol and drug testing as requested by the Company. I understand that the test results will be reported to the Company's Designated Employer Representative by the Medical Review Officer, including the identification of the controlled substance(s) for positive results.
6. I understand and agree to the release of the pre-employment test results of any substance abuse test administered by the medical testing laboratory to the Medical Review Officer and the Company's Designated Employer Representative. I understand the purpose of the disclosure is to determine if I have violated the Company's Drug and Alcohol Policy.
7. I understand that information regarding my test results is confidential and cannot be disclosed without my written consent, unless otherwise required by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my rejection for employment with the Company.

Applicant Name (Print)

Applicant Signature

Date



CONFIDENTIAL VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. To assist in this process, you are invited to complete this questionnaire which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

- Race/Ethnic Group Hispanic or Latino White (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)
 Two or more races (not Hispanic or Latino)

Sex: Male Female

VETERANS STATUS

- Served on active duty during any war, campaign, or expedition for which a campaign badge was authorized? YES NO
 - Received an Armed Forces service medal? YES NO
 - Recently separated veteran (discharged or released from active duty within 3 year)? YES NO
 - Disabled veteran? YES NO
-

Position you are applying for: _____ Date: _____

How were you referred to this office? Advertisement Relative/Friend Employment Agency
 Walk-in ___ Other describe: _____)

APPLICANT'S NAME (please print) _____

Signature _____ Date: _____

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –
No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

Employment Verification  Data

For more information on E-Verify, please contact DHS at:
1-888-464-4218

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).



