# AirTime Trampoline & Game Park

## **Employment Application**

Name	Date
Current Address:	
Telephone # ( ) Other # ( )	) Email
Prior or Permanent Address:	
Social Security #	
Are you over 18 years of age?  Yes  No If Are you legally eligible for employment in the United	f no, employment is subject to verification of minimum legal age. d States?
Employment Desired	
Position applying for: Court Monitor Custom Why are you applying for work at AirTime?	ner Service Associate(CSA)
Have you ever applied to or worked for AirTime bef Do you have any friends or relatives working for Air Are you available on nights and weekends? Would you be available to work overtime if necessa Are you currently First Aid/CPR (Child/Adult) Certifi Our shifts start as early as 9:00 a.m. and end as late a	rTime? Yes No If yes, who? Yes No ary? Yes No ied? Yes No
EARLIEST TIME	ESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY
Are there any reasons for which you might not be	

If hired, would	you have a relia	ble means of transporta	ation to and from work?	🗌 Yes	🗌 No
-----------------	------------------	-------------------------	-------------------------	-------	------

If hired, what date can you start work?	at date can you start work?		esired:
Employee Uniform T-Shirt Size: Small Medium	Large	X-Large	L

### Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				□ Yes □ No	
High				☐ Yes ☐ No	
Trade School				☐ Yes ☐ No	
Other				☐ Yes ☐ No	

### Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service	
Describe your duties and any special training	Period of Active Duty (Month & Year)	
	From To	
	Rank at Discharge	
	Date of Final Discharge	

**Employment History** Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

	Company Name	Telephone (	) -	
	Address	Employed (Start Month and Year)		
1		From	То	
1.	Name of Supervisor	Hourly Rate		
		Start	Last	
	Start Job Title and Describe Your Work	Reason for L	eaving	

	Company Name		Telephone		
			(	)	-
	Address		Employed (Start Month and Year)		
2.			From		То
۷.	Name of Supervisor		Hourly Rate		
			Start		Last
	Start Job Title and Describe Your Work		Reason for Le	eaving	
	Company Name		Telephone (	)	-
	Address		Employed (St	art Month	and Year)
3.			From		То
<b>.</b>	Name of Supervisor		Hourly Rate		
			Start		Last
	Start Job Title and Describe Your Work		Reason for Le	eaving	
Company Name			Telephone (	)	_
	Address			art Month	and Year)
4.			From		То
т.	Name of Supervisor		Hourly Rate		
			Start		Last
	Start Job Title and Describe Your Work		Reason for Le	eaving	
We may contact the employers listed above unless you indicate those you do not want us to contact.			Do not co	ontact	
		Employer Number	-(s)		
		Reason			

<b>References:</b> Give below the names of three persons not related to you, whom you have known at least one year.				
Name	Address / Phone Number	Business	Years Acquainted	
1.				
2.				
3.				

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

#### Please complete and email a copy of this form to:

jobs@airtimetrampoline.com 36901 Warren Rd. Westland, MI 48185

Employer Please Fill Out

Employee's Hourly Rate/Salary		
Pay Frequency		
Hire Date		
Termination Date		
NOTES		