

# 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 no, employment is subject to verification of minimum legal age.

Are you legally eligible for employment in the United States?  Yes  No

## Employment Desired

Position applying for:  Court Monitor  Customer Service Associate(CSA)

Why are you applying for work at AirTime? \_\_\_\_\_

Have you ever applied to or worked for AirTime before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for AirTime?  Yes  No If yes, who? \_\_\_\_\_

Are you available on nights and weekends?  Yes  No

Would you be available to work overtime if necessary?  Yes  No

Are you currently First Aid/CPR (Child/Adult) Certified?  Yes  No

Our shifts start as early as 9:00 a.m. and end as late as 12:00 midnight. What is your availability?

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EARLIEST TIME							
LATEST TIME							

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?  Yes  No If Yes, describe in full.

\_\_\_\_\_

\_\_\_\_\_

Are there any reasons for which you might not be able to perform the job duties with a reasonable accommodation?  Yes  No If Yes, please explain. \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

If hired, what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

Employee Uniform T-Shirt Size:  Small  Medium  Large  X-Large  XXL

## Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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

2.	Company Name	Telephone (          )          -
	Address	Employed (Start Month and Year) From                                  To
	Name of Supervisor	Hourly Rate Start                                  Last
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone (          )          -
	Address	Employed (Start Month and Year) From                                  To
	Name of Supervisor	Hourly Rate Start                                  Last
	Start Job Title and Describe Your Work	Reason for Leaving

4.	Company Name	Telephone (          )          -
	Address	Employed (Start Month and Year) From                                  To
	Name of Supervisor	Hourly Rate Start                                  Last
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact
	Employer Number(s) _____
	Reason _____

**References:** 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**  
**AirTime Trampoline & Game Park**  
**662 E. Big Beaver Road**  
**Troy, MI 48083**

*Employer Please Fill Out*

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