**APPLICATION FOE WHIPPERSNAPS TRAMPOLINE PARK EMPLOYMENT**

*All qualified applicants will receive consideration for employment without regard to race, color, national origin, ancestry, religion, gender, sexual orientation, genetic information, age, disability, veteran status, military status, marital status or any other status or characteristic protected under federal, state, or local laws. Reasonable accommodations for qualified individuals with a disability will be provided in accordance with the Americans with Disabilities Act as amended, and applicable state and local laws. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact Park Management in order to arrange such accommodation.*

*These equal opportunities practices apply with regard to all aspects of one’s employment, including hiring, transfer, promotion, compensation, eligibility for benefits and termination.*

*\*\*\****Please Print\*\*\***

Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apartment Number\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_How long at this address?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Contact Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Contact Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 16 years of age? \_\_\_\_Yes \_\_\_\_No Note: If you are under 18 years of age, proof of age or work permit may be required.

Position Desired (Check one) \_\_\_Cashier/Host \_\_\_Concessions \_\_\_Court Monitor \_\_\_Management Pay desired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to notify in case of emergency (Name and Phone Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Available to Start Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours Available Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the **TIMES** each day that you are available to work.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday |  Monday |  Tuesday |  Wednesday |  Thursday |  Friday |  Saturday |
|  |  |  |  |  |  |  |

Have you ever worked for Whippersnaps Trampoline Park Before? \_\_\_Yes \_\_\_No

 If Yes please list dates of employment worked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a job is offered, will you be able to provide legal verification of you eligibility to work in the United States? \_\_\_\_Yes \_\_\_\_NO

Do you have any relatives or friends that are employed with Whippersnaps? \_\_\_\_Yes \_\_\_No

 If yes, please provide names, relationship to you, and position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL HISTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of School** | **City and State** | **Number of Years** | **Graduate Yes or No** | **Degree Completed** |
| **High School** |  |  |  |  |  |
| **College** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**EMPLOYMENT HISTORY**

Starting with your CURRENT or most recent employer, state your employment history for the past 7 years. Include military experience. If necessary, attach an additional sheet of paper. If you were employed under a maiden name or other name, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your current employer? \_\_\_Yes \_\_\_\_No

1. Employment Dates: From:\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, City & State of Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor’s Name/Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe type of work you performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay: Start:\_\_\_\_\_\_\_\_\_\_\_\_\_End:\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name, Address, City & State of Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor’s Name/Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe type of work you performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay: Start:\_\_\_\_\_\_\_\_\_\_\_\_\_End:\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REFERENCES:** Give name and telephone number (including area code) of three references that are not related to you and are not previous employers.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Information: By submitting your application, you are certifying that you understand and agree to the following statements. Please be sure that you fully understand these statements:**

1. **The Park to which I am applying is an independently owned and operated business.**
2. **The information I have provided in connection with this application is true, correct and complete to the best of my knowledge. False, incomplete or misrepresented information of any kind submitted as part of this application, in my resume or during any interview process may result in a refusal to hire or immediate termination of employment if I become employed.**
3. **My application and status as an applicant will expire in 60 days. After 60 days, I can reapply by submitting a new application.**
4. **I authorize all persons, employers or other organizations to provide you with job-related information about me for purposes of my application. This includes authorization for my present and former employers to furnish information about my complete employment record, including any reason for termination of employment, discipline, work performance and work place conduct. I waive all rights and claims I may otherwise have against you and/or any person or organization providing such information.**
5. **THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR DOES IT GUARANTEE EMPLOYMENT WITH WHIPPERSNAPS. If hired your employment will be “at will”, meaning that your employment and compensation may be terminated at any time, with or without cause, and with or without prior notice, at the option of the Park or yourself. The owner of this Park is the only person who may make an exception to this, and any exception must be in writing addressed to a particular individual, and signed by the owner.**
6. **I authorize the Park to provide job-related information from my records, including dates of employment, salary earned, reasons for leaving employment, and all other job-related information to businesses to which I apply for employment during or ager my employment with Whippersnaps. I release Whippersnaps owners and representatives from any liability or claims for damages, including libel, slander and invasion of privacy that may result from the disclosure and use of this information.**
7. **Submission of an application is a preliminary step to employment. It does not obligate the park to offer employment to you, or for you to accept employment. Depending upon the policies and practices of the park owner, any offer of employment may be a conditional offer of employment pending successful completion of a drug screening test and/or criminal background check.**

**STATE LAW DISCLOSURES:**

**Maryland Applicants/Residents: Under Maryland law, and employer may not require or demand, as a condition of employment, prospective employment, or continued employment that an individual submit or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed $100.**

**Massachusetts Applicants/Residents: It is unlawful in Massachusetts to require or administer a lie detector rest as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.**

**Montana Applicants/Residents: The employment relationship is governed by the wrongful discharge form employment act.**

**Rhode Island Applicants/Residents: If you provide false information about your ability to perform the essential functions of the job, with or without accommodations, you may be barred from filing a claim under the provisions of the workers’ compensation act of the state of Rhode Island.**

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