

C-1

FRANCHISE OPERATIONS MANUAL

Employment Application

Please Print

Name: _____ Date: _____

Home Phone: (_____) _____ Secondary Phone: (_____) _____

Social Security Number: _____

No.	Street	No.	Street	City	City	State	State	Zip	Zip
<small>(If different from above)</small>									

Employment Desired

Position applying for: _____

What days and hours are you available to 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 or wage 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?: _____

Do you have 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)

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 earned
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) and how proficient?: _____

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	<input type="checkbox"/> Please contact me first

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