



EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY: Today's date: _____

First Name _____ M.I. _____ Last Name _____ Preferred Name/Nickname _____

Street Address _____ Apartment # _____ City _____ State _____ Zip Code _____

Preferred Phone _____ Alternate Phone _____ E-Mail Address _____

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Position applying for: Amusement Attendant Reservation Agent Café Associate Other _____

Employees are required to work weekends and holidays with a minimum of one weekday and one weekend day available to work. Opening shifts can start as early as 9am and end as late as 5pm. Mid shifts can start as early as 11am and end as late as 8pm. Close shifts can start as early as 4pm and end as late as 12:00am. Please indicate with a check mark what shifts you are available to work.

Shift	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Open							
Mid							
Close							

How many hour per week do you hope to work? _____ **When are you able to start work? (Date)** _____

Do you have your food handler's permit? _____ **Do you have your CPR certification?** _____ **First Aid?** _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes _____ No _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Elevated Sportz will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes _____ No _____ **If yes, can you furnish a work permit?** Yes _____ No _____

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____

Elevated Sportz is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Elevated Sportz complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Elevated Sportz also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM _____ MO. / YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
TO _____ MO. / YR.	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

FROM _____ MO. / YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
TO _____ MO. / YR.	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

FROM ____/____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO ____/____ MO. YR.	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

ADDITIONAL INFORMATION

UNEMPLOYMENT: ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM	TO	HOW DID YOU SPEND THIS TIME? _____
FROM	TO	HOW DID YOU SPEND THIS TIME? _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL LICENSES, PERMITS, CERTIFICATIONS, CERTIFICATES:

TYPE OF LICENSE/OTHER	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE/OTHER	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE/OTHER	AGENCY GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE/OTHER	AGENCY GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

Continued on next page

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I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____ **DATE:** _____

OFFICE USE ONLY

Date Employment Application submitted _____

Hiring Manager _____

Who performed follow-up contact _____

Date and method of follow-up contact _____