

HELIUM TRAMPOLINE & CLIMBING PARK

EMPLOYMENT APPLICATION

We are an equal opportunity employer

Personal

First Name

Middle Initial

Last Name

Are there any other names under which you have worked or attended school? (circle one) YES NO
If yes, what are those names?

Mailing Address:

City:

State:

Zip:

Home Phone Number:

Cell Phone Number:

E-Mail Address:

Which number is the best to reach you? (Circle one) Home Cell Other

General Information

Position applying for:

(circle one)

FULL TIME

PART TIME

Number of hours needed per week?

Date available to begin:

Are you at least 16 years of age? (circle one) YES NO

Do you have reliable transportation? (circle one) YES NO

Are you legally authorized to work in the United States? (circle one) YES NO

If you are hired you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act. Your employment will be contingent upon furnishing such documents.

Have you been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? (circle one) YES NO

If yes, please explain:

(convictions are not an automatic bar to employment)

Do you have any pending charges against you? (circle one) YES NO

If yes, please explain:

How were you referred to Helium?

Have you or a relative ever been employed by Helium FEC? (circle one) YES NO

If yes, please explain.

Do you know anyone who is currently employed by Helium FEC?

Have you ever been a guest at Helium FEC?

In which school district are you enrolled?

General Availability

Please indicate your general availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday REQUIRED	Sunday
From (time)							
To (time)							

All staff members are required to be available to work a six-hour shift on Saturdays. Do you understand?
(circle one) YES NO

All staff members are required to work two-six hour shift per weekend between 6pm Friday and 8pm Sunday. Do you understand?
(Circle one) YES NO

Work History

Employer 1:	Employer 2:
Address:	Address:
Phone Number:	Phone Number:
Position: Starting Wage: Ending Wage:	Position: Starting Wage: Ending Wage:
Supervisor:	Supervisor:
Responsibilities:	Responsibilities:
Date and Reason For Leaving:	Reason For Leaving:

Education

Type	Name	Number of Years Completed
High School		
College/Vocational		Degree: YES NO Field of Study

References

Name	Phone Number	Relationship	Years Known

By signing I certify that everything in this application is true and correct to the best of my knowledge and belief. I understand that any misrepresentation or omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose obtaining any information, whether favorable or unfavorable, about me and my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and my employment. I understand that upon receiving a job offer a physical examination and drug screening may be required. (Note: if this is a job requirement you will be notified).
Regardless of whether or not I become employed by this company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at Helium Family Entertainment Center is on an at will basis and that my employment may be terminated with or without cause and without notice, at any time at either the company's or my option unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of Helium Family Entertainment Center and then only by means of a signed, written document.

Signature: _____ Date: _____

OFFICE USE ONLY
Application received by: _____ Date: _____
Notes:

