



EMPLOYMENT APPLICATION:

AeroSports Trampoline Parks, LLC. is in Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, Place of national origin and other categories protected by law are not factors in employment, promotion, compensation and working conditions.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE

APPLICANT INFORMATION											
Last Name				First			M.I.	Date			
Street Address						Apartment/Unit #					
City				State			ZIP				
Phone				E-mail Address							
Date Available			Social Security No.				Desired Salary				
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you have a valid driver's license? <small>(If required for the position)</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	Number:	Exp Date						
If hired, would you have reliable means of transportation to and from work?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<small>(if under 18, hire is subject to verification that you are of minimum legal age)</small>								
Have you ever applied to, or worked for AeroSports Trampoline Parks, LLC. before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes when								
Do you have friends or relatives working for BBSI?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes state name and relationship								
Are you able to perform the functions of the job for which you are applying, either with or without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
If no, describe the functions that cannot be performed. <small>(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, and to skill and agility tests)</small>											
High School				Address							
Number of Years Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College				Address							
Number of Years Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other				Address							
Number of Years Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							

REFERENCE	
<i>Please list a professional reference.</i>	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

COMPANY				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
COMPANY				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
COMPANY				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

__ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

__ I hereby authorize AeroSports Trampoline Parks, LLC. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release AeroSports Trampoline Parks, LLC. my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

__ I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment background check. By signing this application, I voluntarily agree to submit to a pre-employment drug and background screen. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

__ If hired, I also agree to submit to random alcohol and drug testing as a condition of employment. I agree that AeroSports Trampoline Parks, LLC. may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to random alcohol/drug screen will be considered a voluntary resignation of employment.

__ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and AeroSports Trampoline Parks, LLC. In addition, I understand and agree that if I am employed; my employment relationship with AeroSports Trampoline Parks, LLC. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself AeroSports Trampoline Parks, LLC. and that no promises or representations contrary to the foregoing are binding on AeroSports Trampoline Parks, LLC. unless made in writing and signed jointly by the President/CEO and myself.

__ Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either AeroSports Trampoline Parks, LLC. or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such a dispute shall be limited to back pay.

__ I understand and agree that any future changes I my title, duties, compensation, working conditions, and/or AeroSports Trampoline Parks, LLC. benefits, policies and procedures will not alter our at-will and arbitration agreements.

__ I understand that if offered employment, I will as a condition of employment be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

__ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid local drivers' license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by AeroSports Trampoline Parks, LLC. auto insurance, if required for my position.

SIGNATURE**DATE**