

DEFYGRAVITY TRAMPOLINE ARENA 4300 Emperor Blvd. #250 Durham, NC 27703 919.825.1010

Employment Application

Please fill out form completely for employment consideration. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer

		Applicant Inforr	nation					
Full Name:					Date:			
Tuli Ivaliic.	Last	First		M.I.	Batc.			
Address:								
	Street Address				Apartment/Unit #			
	City			State	ZIP Code			
Cell Phone:		Email_						
Social Security No.:		Date of Birth			Age:			
		Education)					
High School	:							
From:	To:	YES Did you graduate?	NO	Diploma:_				
College:								
From:	To:	YES Did you graduate?	NO	Degree:_				
Other:								
From:	To:	YES Did you graduate?	NO	Degree:				
		Reference	;	_				
Please list	1 professional referenc							
Full Name:				Rela	tionship:			
Company:	Phone:							
Address:								

			Previous E	mploymen	t					
Company:						Phone:				
Address:						Supervisor:				
Job Title:	Starting Salary:					Ending Salary:\$				
Responsibilities:										
From:	To:			Reason for	Leaving:					
May we contact y	YES NO May we contact your previous supervisor for a reference?									
Company:						Phone:				
Address:						Supervisor:				
Job Title:	Starting Salary:					Ending Salary: \$				
Responsibilities:										
From:		To:		Reason for	Leaving:					
May we contact y	our previous	supervisor fo	or a reference?	YES	NO					
Availability										
Please list the	hours vou a	re available	e to work							
Ticase list tile	MORNING	MID-DAY	AFTERNOON	EVENING						
MONDAY										
TUESDAY										
WEDNESDAY THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
If hired, on what date would you be available to begin work?										
How many hours per week are you available to work?										
Type of work desired:Full-timePart-timeTemporarySeasonal										
			Disclaimer a	nd Signatu	ıra —					
Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature:						Date:				