Sportime USA

Team Member Application

We are glad that you are considering Sportime USA for employment. It really is a great place to work. We've been entertaining our guests for many years and we couldn't do it without our Team Members. We hope that you can be one of them.

We take great pride in our park from the quality of the attractions to the cleanliness of the restrooms. But just as importantly, we take pride in the outstanding people that represent us everyday—our employees.

There is no more important attraction than you, our employee. We rely on you to provide an amazing experience for our guests time after time. Because of this, it's important for you to understand that this is a people business. If you don't love working with people and in a team environment, unfortunately Sportime USA is not the place for you. Additionally, since we are seeking individuals of the highest standards drug testing may be a condition of your employment.

We are looking for individuals with a strong work ethic, a great attitude and a desire to succeed. If that sounds like you, please sign below and complete this application.

Again, thank you for considering Sportime USA and best wishes.

I have read the above information and would like to be considered for a position at Sportime USA

Please Note: Applications incompletely or incorrectly filled out may not be considered.

SIGNED: _____ DATE:_____

Last Name:_____ First Name:_____ Middle Int.:_____

Address:_____ City/State: _____ Zip:_____

DOB:_____ Home Phone (_____)_____-_____ Cell Phone (_____)_____-_____

Email: _____

Are you at least 16 yrs of age? Y N Employees you know at the company _____

Emergency Contact: _____ Relationship: _____ ___ Phone: (_____)_____-_____

School Year Commitments

Activity **/** Commitment / Sport Day s/Dates Time Comments

_____

_____

_____

Summer Commitments

Activity **/** Commitment / Sport Day s/Dates Time Comments

EMPLOYMENT HISTORY- List entire employment history, starting with your present employer. For any unemployment or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name: _____ Address: _____ City/ State/ Zip:_____ Phone #:_____	Your Job: _____ Supervisor's name: _____ Dates Employed: From:_____ To: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____
Company Name: _____ Address: _____ City/ State/ Zip:_____ Phone #:_____	Your Job: _____ Supervisor's name: _____ Dates Employed: From:_____ To: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____
Company Name: _____ Address: _____ City/ State/ Zip:_____ Phone #:_____	Your Job: _____ Supervisor's name: _____ Dates Employed: From:_____ To: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____

If currently employed, may we contact your employer? Yes ☐ No ☐

AVALABILITY- To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day. Please be aware that working weekends is a must.

Day	Earliest Time	Latest Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

If applicable: List two (2) people (no relatives) you have worked with and whom we may contact for a reference if necessary

Name: _____
Occupation: _____
Address: _____
Phone #:

Name: _____
Occupation: _____
Address: _____
Phone #:

IMPORTANT- We are glad you are interested in joining the Sportime family. Please read the following statements carefully before you sign and return this application.

This company, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I have read, understood, and agree to this statement. (Please initial here.) _____

I certify that the information is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause. I have read, understood, and agree to this statement. (Please initial here.) _____

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

_____ _____

Date of Application **Signature as shown on Social Security Card**