



P.O. Box 970940  
Waipahu, HI 96797

## Employment Application

An Equal Opportunity Employer  
Drug Free Workplace

Dear Applicant,

Thank you for applying to iTrampoline Hawaii. Each question on this application should be fully and accurately answered. No action can be taken until all questions have been answered. Use blank paper if you need additional space. Modified applications are not acceptable. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Submit this application to [employment@itrampolinehawaii.com](mailto:employment@itrampolinehawaii.com) or fax to (808) 394-2149.

Last Name: \_\_\_\_\_ First and Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Alternate No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Available Start Date: \_\_\_\_\_  
Job Applying For: \_\_\_\_\_ Job Announcement No.: \_\_\_\_\_

Are You Seeking:  Full-time  Part-time  On-call  Temporary

How did you hear about this position?

Craigslist  iTrampoline Website  Newspaper  JEMS  
 Indeed  Job Fair  Referred by: \_\_\_\_\_  
 Other \_\_\_\_\_

Have you ever submitted an application to iTrampoline before?  Yes  No

Have you ever been employed by iTrampoline?  Yes  No

If yes, list date range and position:

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Is any member of your family currently employed by iTrampoline?  Yes  No

If yes, please identify name and relationship:

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May we contact your present employer?  Yes  No

Are you able to become lawfully employed in the U.S.? (Proof of citizenship or immigration status required upon offer of employment)  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

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Have you ever worked or attended school under any other name?  Yes  No

If yes, list previous name(s)

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Have you ever been fired from a job or asked to resign?  Yes  No

If yes, please explain.

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Have you ever been convicted of a misdemeanor or a felony?  Yes  No

If yes, please explain.

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## Work History

List names of employers in consecutive order with your most recent employer listed first. Account for all periods of time, including military services and any periods of unemployment. If self-employed, list firm name and supply business references. **Do not substitute your resume for employment history.**

Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor Phone No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Employed: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor Phone No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Employed: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor Phone No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Employed: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?  Yes  No

Hourly Rate/Salary expected for this position: \_\_\_\_\_

Are you able to perform the essential functions of the position you are applying for with or without an accommodation?  Yes  No

## Education

### High School or GED

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

### College or University

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

### Vocational or Technical

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

## Professional Licenses, Registrations and Certifications

Type of License	Name on License	License No.	Exp Date	State

List professional, trade, business or civic activities, and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training apprenticeship, skills, and extra-curricular activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Provide the name of three persons, not related to you, whom you have known at least one year.

Name	E-mail	Phone	Business or Personal	Years Known
1.		(    ) -		
2.		(    ) -		
3.		(    ) -		

## Attachment A

*(Application not valid unless signed)*

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree to have a drug screening analysis for substance abuse and understand that any offer of employment is contingent upon my passing this drug screening.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE AGREE AND CONSENT TO THESE STATEMENTS.

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Signature

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Date

# Attachment B

## Prior Employment Consent

Applicant Name \_\_\_\_\_

1. Previous Employer (most recent): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number (Alternate): \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number (Alternate): \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number (Alternate): \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

I consent to and authorize iTrampoline to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, or other entity to provide iTrampoline with any information of any sort (including fact or opinion) they may have regarding me. In consideration of iTrampoline's review of this application, I release iTrampoline and all providers of any information from any liability as a result of furnishing and receiving this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Attachment C

## Applicant's Informed Consent to Drug and Alcohol Testing

The Company is committed to providing a safe and healthy environment for all employees, customers and the public. It is also committed to eliminating the hazards in the workplace created by drug abuse and has adopted a drug-free workplace policy. Accordingly, all job offers will be contingent upon a new hire passing a drug and alcohol test prior to employment. The Company will not hire anyone who fails this test.

1. I, \_\_\_\_\_, understand that if I receive a conditional offer of employment, I will be required to do a drug and alcohol test, and must report to the designated collection site within six (6) hours of the offer. Because of administrative complexities, however, international hires may be given additional time to complete the testing.
2. I understand that this policy provides for drug and alcohol testing. Unless I am advised otherwise in advance and in writing by the Company, substance abuse testing at the Company will test for the following substances: marijuana, cocaine, opiates, amphetamines (including crystal methamphetamine), phencyclidine (PCP) and alcohol.
3. By this acknowledgment, I am advised that over-the-counter medications or prescribed drugs may result in a positive test result for drug testing. I understand that it is my responsibility to notify the Medical Review Officer if I have taken any over-the-counter medication or prescribed drugs within the past thirty (30) days.
4. I understand that if I refuse to be tested, fail to report within the required time, leave the designated collection site without providing a urine specimen, refuse to sign a release and authorization to submit to any drug screen test, refuse to sign the consent form to permit the Medical Review Officer to provide the results to the Company, and/or fail the test, I will not be eligible for hire at the Company.
5. I freely and voluntarily consent to submit to alcohol and drug testing as requested by the Company. I understand that the test results will be reported to the Company's Designated Employer Representative by the Medical Review Officer, including the identification of the controlled substance(s) for positive results.
6. I understand and agree to the release of the pre-employment test results of any substance abuse test administered by the medical testing laboratory to the Medical Review Officer and the Company's Designated Employer Representative. I understand the purpose of the disclosure is to determine if I have violated the Company's Drug and Alcohol Policy.
7. I understand that information regarding my test results is confidential and cannot be disclosed without my written consent, unless otherwise required by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my rejection for employment with the Company.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## CONFIDENTIAL VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. To assist in this process, you are invited to complete this questionnaire which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

- Race/Ethnic Group  Hispanic or Latino  
 White (not Hispanic or Latino)  
 Black or African American (not Hispanic or Latino)  
 Asian (not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)  
 American Indian or Alaskan Native (not Hispanic or Latino)  
 Two or more races (not Hispanic or Latino)

Gender: Male  Female

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### VETERANS STATUS

1. Served on active duty during any war, campaign, or expedition for which a campaign badge was authorized?  YES  NO
  2. Received an Armed Forces service medal?  YES  NO
  3. Recently separated veteran (discharged or released from active duty within 3 year)?  YES  NO
  4. Disabled veteran?  YES  NO
- 

Position you are applying for: \_\_\_\_\_ Date: \_\_\_\_\_

How were you referred to this office?  Advertisement  Relative/Friend  Employment Agency

Walk-in  Other (describe): \_\_\_\_\_

APPLICANT'S NAME (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





94-157 Leoleo St.  
Waipahu, HI 96797  
Phone: 808-380-4080  
www.itrampolinehawaii.com

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Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_

Desired number of hours per week: \_\_\_\_\_

Schedule Availability (Indicate what time you are available each day):

**\*YOU MUST BE ABLE TO WORK WEEKENDS\***

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Please confirm that the above information is correct by acknowledging below.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

## You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

## Contact IER

For assistance in your own language  
Phone: 1-800-255-7688  
TTY: 1-800-237-2515

Email us  
[IER@usdoj.gov](mailto:IER@usdoj.gov)

Or write to  
U.S. Department of Justice – CRT  
Immigrant and Employee Rights – NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —  
IMMIGRANT & EMPLOYEE RIGHTS SECTION  
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

[www.justice.gov/ier](http://www.justice.gov/ier)

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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