

Employment Application

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

⇒ **Print clearly and complete ALL information requested.**

A

Name _____
First Middle Initial Last

Present Address _____
Street Number City State Zip

Permanent Address (if different) _____
Street Number City State Zip

Home Phone _____ Message Phone _____ Social Security No. _____
Include Area Code Include Area Code

If you are hired, can you furnish proof that you are over 18 years of age? ☐ yes ☐ no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? ☐ yes ☐ no

B

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? ☐ yes ☐ no

If yes, give the date(s) and details _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? ☐ yes ☐ no

If yes, give the date(s) and details _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or posttrial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.)

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without an accommodation? ☐ yes ☐ no

Position Desired _____ Date you can start _____ Salary Desired _____

C

Which do you prefer? ☐ full-time ☐ part-time during the following days and hours _____

Are you employed now? ☐ yes ☐ no If so, may we contact your present employer? ☐ yes ☐ no

Have you ever applied to or worked for this Company before? ☐ yes ☐ no If yes, specify dates _____

D

| Education | Name of School | City and State | # of Years Completed | Did you Graduate? | Degrees Earned |
|-------------|----------------|----------------|----------------------|-------------------|----------------|
| High School | | | | | |
| College | | | | | |
| Graduate | | | | | |

Have you served in the United States Armed Forces? ☐ yes ☐ no Branch _____ Final Rank _____

Additional training, skill, experience, and special achievements relevant to position _____

⇒ **List present and past employers beginning with the most recent. Attach additional sheets as needed.**

| Month/ Year | Name & Address of Employer | Initial Position and Duties | Previous Supervisor | Starting Pay | Reason for Leaving |
|----------------|-------------------------------|-----------------------------|---------------------|--------------|-----------------------|
| | | Final Position and Duties | Telephone Number | Ending Pay | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |

E

Have you ever been terminated or asked to resign from any job? ☐ yes ☐ no If yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

F

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

☐ 0 - 10 Days ☐ 10 - 30 Days ☐ 30 + Days

Do you have adequate transportation to and from work? ☐ yes ☐ no

Do you have any friends or relatives who work for the company? ☐ yes ☐ no If yes, who? _____

⇒ **List three personal references who know you well but who are not previous employers or relatives.**

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

G

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

H

X

SIGNATURE OF APPLICANT

DATE

Applicant's Statement & Agreement

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensa-

tion is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

I also acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, and Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). However, nothing herein shall prevent me from filing and pursuing administrative proceedings only before the California Department of Fair Employment and Housing, or the U.S. Equal Opportunity Commission. In addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in California courts, the following shall apply and be observed: all rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means

of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Acts procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification,

following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.**

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to waive the benefits of arbitrating Title VII claims. ☐

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

⇒ DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

I

X

SIGNATURE OF APPLICANT

DATE

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number () - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

- 1 ☐ Check here if you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- _____
- 2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.
- 4 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the last 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
 - Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date ____/____/____

For Employer's Use Only

Employer's name _____ Telephone no. () - EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () - _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant: Gave Was Was Started
 information offered hired job
 / / / / / / / /

Complete Only If Box 1 on Page 1 is CheckedState and
county or
parish of
job

☐ Check if the individual was not your employee on August 28, 2005 and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____**Title** _____**Date** / / _____**Privacy Act and
Paperwork Reduction
Act Notice**

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 5 hrs., 30 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 30 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

M

Background Check Authorization

⇒ **Complete all items on this page unless otherwise directed.**

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.

Print Full Legal Name _____ ☐ Male ☐ Female

Print other names you have used _____

Social Security # _____ Drivers License # _____ Issuing State _____

Birth Date (MM/DD/YR) ____/____/____ Place of Birth (City and State) _____

Current Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

I authorize the Company and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including: credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release the Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. Under California law, if you wish to receive a free copy of this report ordered on you, please check the following box. ☐

X

SIGNATURE OF APPLICANT

DATE

N

⇒ **This section to be completed by management and determines which background checks will be conducted. Allow five business days for processing.**

Company Name _____

Client Number

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Position applied for _____

Criminal background check: All new hires.

Driving record check: Will the employee drive company vehicles of any kind, or drive their personal vehicle during work hours or on company errands? ☐ yes ☐ no

Credit record check: Will the employee have access to company funds or financial records, be able to make purchases using company credit, or have managerial decision-making authority? ☐ yes ☐ no

Authorized Signature _____

Print Name _____

----- DO NOT WRITE BELOW THIS LINE -----

☐ SSN _____ ☐ DMV _____ ☐ Criminal _____ ☐ Credit _____



Voluntary Information

Santa Monica Amusements, L.L.C. (Pacific Park®) is asking all applicants for employment to provide this statistical information. The data collected will be used only for statistical purposes and to measure the effectiveness of recruitment.

Santa Monica Amusements, L.L.C. does not discriminate on the basis or race, color, creed, ancestry, national origin, gender, sexual orientation, religion, age, veteran status or disability in the provision of services or employment.

This portion of the application will be detached and the information will not be used to make any employment decision which affects you.

Race/Ethnic Category (please check one):

Gender: > Female > Male

Age Group: > Under 40 > 40 or over

Please tell us how you learned of this job vacancy: (please check one and list name, if known)

- ☐ **High School** _____
- ☐ **College** _____
- ☐ **Church** _____
- ☐ **Community Center** _____
- ☐ **Job Fair** _____
- ☐ **Newspaper** _____
- ☐ **Pacific Park Employee** _____
- ☐ **Walked In** _____
- ☐ **Internet** (please identify site) _____
- ☐ **Other** _____

- ☐ **White** (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.
- ☐ **Black** (not of Hispanic origin) All persons having origins in any of the black racial groups.
- ☐ **Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander** All persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan Native** All persons having origins in any of the original peoples of North America.