Employment Application

Discovery Cube is an Equal Opportunity Employer

Please Print ☐ Orange County ☐ Los Angeles Campus: Date: Name: Last First Middle Email: Current Address: Number & Street City State Zip Apt. # Cell Phone **Personal Information** Have you ever applied/worked at Discovery Cube before? ☐ No Yes If yes when? Do you have any friends or relatives working for Discovery Cube? ☐ Yes ☐ No If yes, state name(s) and relationship: Name Relationship Name Relationship If hired, would you have a reliable means of transportation to and from work? \square Yes \square No Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ☐ Yes ☐ No If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No Do you speak, write, or understand any foreign languages? Spanish Speak Write Understand Speak Write Understand

Employment Desired

Position Applying For:				
Salary Desired \$	pe	er hour		
Applying for:	Regular full-time	Regular part-time	Seasonal, e.	g. summer or holiday
Week Days and H	lours Available for	Work:		
and on one weekday you. If unable to work	or two half weekdays.	al , you must be fully av For Monday - Friday a se leave blank. Part tim vailability.	availability, please ched	ck the best option for
Monday	Tuesday	Wednesday	Thursday	Friday
☐ Fully Available	☐ Fully Available	☐ Fully Available	☐ Fully Available	☐ Fully Available
☐ 6 am - 2 pm	☐ 6 am - 2 pm	☐ 6 am - 2 pm	☐ 6 am - 2 pm	☐ 6 am - 2 pm
1 pm - 7 pm	1 pm - 7 pm	1 pm - 7 pm	☐ 1 pm - 7 pm	☐ 1 pm - 7 pm
Would you be available to work overtime if necessary?				
If hired, on what date could you start work?				
Are you able to perform the essential functions of the job for which you are $\hfill \hfill $				
If no, describe the functions that cannot be performed.				
necessary for eligible		s and consider reasonates to perform essential ility tests.)		
Due to the nature of our business, working with children, you are required to complete a fingerprint/background investigation prior to employment. Are you willing to submit a live-scan fingerprinting application?				

Education, Training, and Experience

High School							
_	Name		City	1		State	
	No. of years completed	_	Di	d you graduate?	Yes	☐ No	
Other/ Additional							
Education	Name		City	,		State	
	No. of years completed	Degree:	Di	d you graduate?	Yes	☐ No	
Other/ Additional						_	
Education	Name		City			State	
	No. of years completed	Degree:	Di	d you graduate?	Yes	☐ No	
•	e any other experience, tra rell suited, for work at Disco	-		ke you	Yes	☐ No	
If yes, pleas	e explain:						
	4 1 12 . 4						
Employr	nent History						
	esent and past employment starting unemployment. You must complete				ufficient). A	ccount	
Employer '			3				
,							
Name of Employer		 T	Type of Business				
Name of Linp	loyei	·	ype or busines	3			
		(
Name of Supe	ervisor	F	Phone				
Number & Str	eet	City		Sta	te Zip		
Dates of Em	nployment: From:		To:				
Job Title: _							
Reason for	Leaving:						
May we con	tact this employer for a ref			No			

Employer 2:			
Name of Employer		Type of Business	
Name of Supervisor		Phone	
Number & Street		City	State Zip
Dates of Employment:	From:	To:	
Job Title:			
Duties:			
Reason for Leaving:			
May we contact this em	ployer for a refer	ence?	
Attach additional page(s)	f necessary.		
Please explain any gap	s in employment	history.	
Military Service			
Have you obtained any in the military?	special skills or a	abilities as the result of service	☐ Yes ☐ No
If yes, describe:			

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Reference 1:			
First Name	Last Name	() Phone	
Number & Street	City	State Zip	
	•	,	
Occupation	Relation to Reference	No. of Years Acquainted	
Reference 2:			
First Name	Last Name	() Phone	
Number & Street	City	State Zip	
Occupation	Relation to Reference	No. of Years Acquainted	
Reference 3:			
First Name	Last Name	() Phone	
Number & Street	City	State Zip	
Occupation	Relation to Reference	No. of Years Acquainted	

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VOLUNTARY AFFIRMATIVE ACTION INFORMATION APPLICANT DATA FLOW

(Completion of Information Below is Voluntary)

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to color, religion, sex, national origin, age and disability. As employers/government contractors, we comply with government regulations and Affirmative Action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this form. This data is for periodic government reporting and will be kept in a confidential file, separate from the application for employment. We appreciate your cooperation.

Date:	<u> </u>			
Applicant's Name:				
	Last		First	Middle
Position(s) applied for:				
Referral Source:				
InternetAdvertisement	Employee Referral	School	Private Employme	ent Agency
Print Advertisement	Relative	☐ Walk-in	☐ Government Emp	loyment Agency
Other				
	AFFIRMATIVE AC	TION SURVEY	•	
Government agencies require applicants. This data is for and				
Please check where ap	propriate:			
Female Male	•			
── White (not Hispani	c or Latino) 🔲 Hispanic	or Latino	American Indian-/	Alaskan Native
Black or African Ar	merican 🔲 Asian (no	ot Hispanic or I	Latino)	
☐ Native Hawaiian oi	other Pacific Islander	Two	or More Races (not His	panic or Latino)
Decline to state				
☐ Vietnam Era Veter	an Disabled	Veteran	Disabled Individua	al
☐ Decline to state				

TO BE COMPLETED BY APPLICANT _ NOT FOR INTERVIEW PURPOSES _ TO BE FILED SEPARATELY FROM APPLICATION

Please rea	nd carefully. Initial each paragraph and sign below.
	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 of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge, if hired, regardless of the time elapsed before discovery.
r 6 1 1 1	hereby authorize Discovery Cube to thoroughly investigate my references, work record, education, credit history and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Discovery Cube any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Discovery Cube, my 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 c l r r k	understand that nothing contained in the application, or conveyed during any nterview, or during my employment, if hired, is intended to create an employment contract between Discovery Cube and me. In addition, I understand and agree that if am employed, my employment is at will for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no representations contrary to the foregoing are binding on Discovery Cube unless made in writing and signed by me and Discovery Cube's designated representative.
r a r h	hould internal personnel employed by Discovery Cube conduct a search of public records (including record documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment), I am entitled to copies of any such public records obtained by Discovery Cube unless I mark the check box below. If I am not nired because of such information, I am entitled to a copy of any such records even though I have checked the box below.
□ I v	vaive receipt of a copy of any public record described in the paragraph above.
DATE:	APPLICANT'S SIGNATURE:

To e-mail this form, save this form as a new document and e-mail as an attachment.

Print Form