

Please Print

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date Social Security Number

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Present Address City State Zip Code

\_\_\_\_\_  
Permanent Address (if different from present address) City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number Other Phone Number

**Employment Desired**

Position Applying For: \_\_\_\_\_ Wage desired: \_\_\_\_\_

Are you applying for:  Regular Full-Time  Regular Part-Time  Temporary work

Write in times available to work, place an "X" on days unable to work:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Would you be available to work overtime, if necessary?  Yes  No If hired, on what date can you start work? \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Parking Company of America before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Parking Company of America?  Yes  No

If yes, state name and relationship:

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

If hired, would you have reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor) within the last 7 years? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_

Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No

Were you referred by an individual or agency?  Yes  No If so, write name or company \_\_\_\_\_

**Education and Training**

	Name and Location of School	No. of years Completed	Did you Graduate?	Degree or Diploma
High School				
College/University				
Vocational/Business				

**Employment History (all information is required)**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment.

Dates		Employer	
From: ____/____/____ To: ____/____/____		Name: Address: City, State, Zip Code: Phone No: (     )	
Pay	Supervisor's Full Name:	Your position and duties:	
Ending Pay:			
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:	
Dates		Employer	
From: ____/____/____ To: ____/____/____		Name: Address: City, State, Zip Code: Phone No: (     )	
Pay	Supervisor:	Your position and duties:	
Ending Pay:			
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:	
Dates		Employer	
From: ____/____/____ To: ____/____/____		Name: Address: City, State, Zip Code: Phone No: (     )	
Pay	Supervisor:	Your position and duties:	
Ending Pay:			
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:	

**References**

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

Name: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs known: \_\_\_\_\_

Please read carefully, initial each paragraph and sign below:

\_\_\_\_\_ I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. 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 I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure and including criminal background checks. In addition, I hereby release the company, 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 understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is 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 promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_

\_\_\_\_\_

Date

Applicant's Signature

Parking Company of America is proud to be an Equal Opportunity Employer (M/F/V/D)