AIRPORT PARKING

AIRPORT PARKING is an equal opportunity employer. We assess all applicants for all positions without unlawful consideration of race, religion, age, color, sex, national origin, handicap, veteran status, sexual orientation, or any other basis prohibited by applicable law.

APPLICATION FOR EMPLOYMENT

Instructions: Please complete	the entire application, sigh and re	turn to AIRPORT PARI	KING. If additional space	e is required, plea	ase use page	4.				
Last Name	First Name		Middle Name		ate		ecurity Num	ber		
Comment Address City Ctate	Zin Code			1.1	ama Dhana					
Current Address, City, State, Zip Code					Home Phone					
					Other Phone					
Position For Which You Are Applying Date Available for employment					What prompted you to apply at AIRPORT PARKING					
					Knowledge of 0		Friend(na			
				F	Employment A Newspaper	gency	Relative(Other	name)		
Do You Have Any Relatives Employed By AIRPORT PARKING?					YES		NO			
If Yes State Name and Rela	ationship									
Have you ever applied to ou	ur company before?				YES		NO			
Have you ever worked for our company before?					YES		NO			
If your answer to either of	the above questions is Yes,	state when and whe	re you applied and/or	worked.		l				
Are you now, or do you exp	ect to be, working in any othe	r business or job?			YES		NO			
Are there any days or hours you would be unable or unwilling to work					YES		NO			
* * *	days or hours you would be u	-	o work.	<u> </u>	II					
	hire only U.S. Citizens and aliens at employment eligibility as required by			nt is conditional of	on (1) presentat	ion of identi	fication and a	uthorization to work		
(2)351111041101101	omproyment englantly ac required .	,g								
Are you authorized under th	ne U.S. Immigration laws to w	ork in the U.S.			_					
indefinitely on a full-time ba	asis?				YES		NO			
Have you ever been convic	ted of a felony?				YES		NO			
If Yes, Give Details				_	_	•				
Note: A felony conviction will not	automatically disqualify you from c	onsideration for employ	ment.							
Do you have a valid drivers	license				YES		NO			
Drivers License #		Class of License								
Have you had your driver's	license suspended or revoke	d in the last ten year	rs?		YES		NO			
If Yes, Give Details	·			<u> </u>						
CAPABILITY/RELIABILITY	<u> </u>									
		roquired by the job	vou are applying for?		1 v=0	ı				
If not, explain which tasks	ble to perform all of the tasks	required by the job y	you are applying for s	L	YES		NO			
	raudulent claim against any o	f your present or pa	et amployers?	1	YES		NO			
If yes, explain	raudulent claim against any o	i your present or pa	st employers:	<u> </u>	TES		NO			
Will you abide by the safety	rules of this company?				YES		NO			
Have you been disciplined f	<u> </u>	1.20								
If yes, explain	3 , ,									
- '	school) have you missed in t	he last two years? _		_						
How many times have you l	been late for work (or school)	in the last two years	s?							
Would you be willing and ab	ole to report to work on time e	very day on a regula	ar and consistent basi	is?	YES		NO			
If no, please explain				<u> </u>	_					
	ME/ADDRESS	NO. OF YRS	DIPLO	MA/DEGREE			SUBJECTS	3		
EDUCATION OF	SCHOOL	ATTENDED	CEF	RTIFICATE			STUDIED			
HIGH SCHOOL/										
GED										
COLLEGE										
GRADUATE										
VOCATIONAL/ TECHNICAL										
WHAT SKILLS/ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?										
WHAT MACHINES OF FO	UIPMENT CAN YOU OPERA	ΤΕ ΤΗΔΤ ΔΡΕ ΡΕΙ	ATED TO THE IOP	OB WHICH C		DDI AINICA	1			
	oerr o, av 100 of ERA	IIIVI AINE INEE			JOHN ME AI					

month and year.								
Name of Employer		Job Title & Duties						
Address		Dates of Employment From/To						
City, State, Zip		Pay Start \$ Final \$						
Supervisor	Telephone	Reason for leaving						
Name of Employer		Job Title & Duties						
Address		Dates of Employment From/To						
City, State, Zip		Pay Start \$ Final \$						
Supervisor	Telephone	Reason for leaving						
Name of Employer	•	ob Title & Duties						
Address		Dates of Employment From/To						
City, State, Zip		ay Start \$ Final \$						
Supervisor	Telephone	Reason for leaving	n for leaving					
Have you worked or attended school u If yes, give names	under any other name?	L	YES	NO				
Are you presently employed?			YES	NO				
If yes, may we contact your present en Give three references, not relatives or			YES	NO				
Name	Address		Phone					
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING								
I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.								
I authorize AIRPORT PARKING to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from any liability.								
I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.								
I understand that as part of my job description I may be required to drive. Because of this requirement, I understand that as a condition of employment I must present a copy of my driving record for insurance purposes only. I also understand that if I am called in for a second interview I may be required to have my driving skills evaluated. I understand that this part of the interview could take up to two hours.								
I understand that as a condition of employment, I am required to submit a drug test at my own cost. I further understand that I may be subjected to random drug screening as part of the Company's Substance Abuse Policy and that if I am found in violation of such policy, I may be subject to discipline, including termination.								
I understand that during major holidays I may be required to work overtime.								
I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.								
I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.								
Signature Date								

APPLICANT/EMPLOYEE NOTIFICATION & AUTHORIZATION FOR RELEASE OF INFORMATION ALL APPLICANTS MUST COMPLETETLY FILL OUT THIS FORM

A Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion.

I understand that in accordance with the Fair Credit Reporting Act, AIRPORT PARKING may obtain a Consumer Report and/or Investigative Consumer Report from a Consumer Reporting Agency on all individuals who apply for employment or who are the subject of an employment decision. I may request a copy of the report, should I be denied employment based on all or part of the report.

An Investigative Consumer Report is any written, oral or other communication of any information by a Consumer Reporting Agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is collected and sued as a factor in establishing your eligibility for employment purposes. If an Investigative Consumer Report is conducted, I will be notified in writing within three days from request of said report. , authorize all corporations, companies, business entities, former employers, business associates, personal associates, credit bureaus, consumer reporting agencies, educational institutions, law enforcement agencies, city, county, state and federal courts, military services, medical institutions, departments of motor vehicles and other entities which retain motor vehicle records and other persons to release information that they may have about me to the person or company with which this authorization has been filed, or their agent, Key Holdings, LLC. I hereby release, AIRPORT PARKING, the organization with which this authorization has been filed, Key Holdings, LLC and all entities described above, including their officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result because of compliance or any attempt to comply with this Applicant Notification/Authorization For Release of Information. If hired, this Authorization shall remain on file and shall serve as an ongoing authorization for Key Holdings, LLC to procure Consumer Reports or Investigative Consumer Reports at any time during my employment period. First Name: _____ Middle Name: _____ Last Name: _____ ■ No Middle Name DOB: _____ SSN: _____ Previous Address (If living at current address for less than 6 months)