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**MOTOR VEHICLE LICENSE**

Driver's License Number: \_\_\_\_\_ Number of tickets you had in three years: \_\_\_\_\_

State Issued: \_\_\_\_\_ Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Class \_\_\_\_\_

Has your Driver's License ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

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**GENERAL DATA**

Have you ever filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed by Hospitality Parking of America, Inc.?  Yes  No

If Yes: When \_\_\_\_\_ Where \_\_\_\_\_ Position \_\_\_\_\_

Name if different than above: \_\_\_\_\_

Do you have any relatives currently employed here?  Yes  No Name of Employee \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No (A reference from your most recent employer may be required before a final job offer is made)

Have you ever been fired by an employer?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you able to drive a stick shift vehicle?  Yes  No

Are you able to stand and run for extended period of time?  Yes  No

Are you under 19 years of age?  Yes  No

Is your driver's license revoked or suspended?  Yes  No

Do you depend on something other than your own reliable transportation to get to work?  Yes  No

You must maintain a professional appearance. Do you plan to alter your appearance while employed?  Yes  No

**Note:** For driving/transportation jobs only, if your driver's license is from another state and driving is required by the job, and you are offered employment, you will be required to obtain a copy of your valid Driver's license and DMV report.

Have you ever been arrested and/or convicted of a misdemeanor or felony  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense related to health care, excluded, debarred or ineligible from participation in any Medicare or Medicaid or other health-care program or any other state or federally funded program  Yes  No

If yes, please explain: \_\_\_\_\_

EDUCATION	High	College/University	Graduate/Professional
School Name			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			

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**SKILLS & TRAINING, Etc**

Typing/Word Processing – WPM \_\_\_\_\_ Business Office Equipment: \_\_\_\_\_

Computers (Check all that apply); WordPerfect [ ] Word [ ] Excel [ ] Lotus [ ] PowerPoint [ ] Access [ ]

Other applicable skills/experience: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:**

*Please complete the following, even if you are attaching a resume. Start with your present or last job. Include military service assignments and volunteer activities.*

1. \_\_\_\_\_

Employer:

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Pay Rate: \$\_\_\_\_\_ Last Pay Rate: \$\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

\_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

2. \_\_\_\_\_

Employer:

Address – Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Pay Rate: \$\_\_\_\_\_ Last Pay Rate: \$\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

\_\_\_\_\_

May we verify with Employer? Yes [ ] No [ ]

Position Held \_\_\_\_\_

3. \_\_\_\_\_

Employer:

Address – Number and Street City State Zip Code

Telephone Number: Job Title: Supervisor

Employment Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \$\_\_\_\_\_ Last Pay Rate: \$\_\_\_\_\_

Reason for Leaving

May we verify with Employer? Yes [ ] No [ ]

Position Held

**APPLICANT’S CERTIFICATION AND AGREEMENT**

*(Please Read Carefully)*

In consideration of being employed, I understand and agree that:

1. My signature on this application certifies that the facts documented herewith are true and correct without consequential omission. I understand if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or if employed I may be terminated.
2. Hospitality Parking of America, Inc. has my authorization to thoroughly investigate my work and personal history and I hereby consent to take any test, whenever the employer deems it necessary in any employer investigation. I authorize any company, school, and persons to release any information regarding my employment, character, and qualifications and hereby release any company, school, and persons from all liability for any damage for issuing such information.
3. If employed, I understand that any employment with Hospitality Parking of America, Inc. may be terminated at any time without notice or cause, and that the employer may terminate or modify the employment relationship at any time, without prior notice or cause, when it is deemed to be in the best interest of the organization. In consideration of my employment, I agree to conform to the rules and regulations of the employer as outlined in the Policy and Guidelines of Hospitality Parking of America, Inc.
4. The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions of employment.
5. If employed, I understand that upon an offer of employment I must complete an employee health, physical capacity, and drug screen. If I do not meet the health requirements of my position, I will be ineligible for continued employment.
6. I understand that any employment with Hospitality Parking of America, Inc. is voluntarily entered into and I am free to resign at any time.
7. If employed, I understand that my employment is for no definite period of time, and if terminated, the employer is liable only for wages or salary earned as of the date of termination.
8. I understand that Neither Hospitality Parking of America, Inc. nor I have entered into a contract of employment, expressed or implied.

**If employed, I understand that I must abide by Hospitality Parking of America's established Service Excellence standards and realize that Hospitality Parking of America is committed to continuing the Hospitality Parking of America’s tradition of service excellence and considers this standard a priority of this organization.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_