



# PARKING, LLC

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION

PERSONAL

LAST NAME	FIRST	MIDDLE INITIAL	PHONE-INCLUDE AREA CODE	SOCIAL SECURITY NUMBER	
ADDRESS - NUMBER & STREET			CITY	STATE	ZIP CODE
					HOW LONG - YEAR - MONTHS
PREVIOUS ADDRESS - NUMBER & STREET			CITY	STATE	ZIP CODE
					HOW LONG - YEAR - MONTHS
ARE YOU AUTHORIZED TO WORK FULL TIME IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU FILED AN APPLICATION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE					
DRIVER LICENSE NUMBER			STATE ISSUED		

GENERAL

POSITION APPLIED FOR	WHEN CAN YOU BEGIN WORK?	HOURS AND DAYS AVAILABLE TO WORK			
DO YOU WANT TO WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CAN YOU DRIVE A CAR WITH A STICK SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU WILLING TO WORK OVERNIGHT SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN EMPLOYED BY GGMC? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE? WHEN?			
IF YES, WHY DID YOU LEAVE GGMC?					
HAVE YOU EVER WORKED IN A PARKING LOT OR GARAGE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT UNION LOCAL #?		
HAVE YOU EVER WORKED AT A JOB WHERE YOU HANDLED CASH? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT JOB?		
HAVE YOU EVER HAD A JOB WHERE YOU WERE BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT JOB?		
DO YOU OWN A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MAKE & YEAR		STATE REGISTERED	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED. WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO, ARE IMPORTANT. GIVE ALL OF THE FACTS SO THAT A DECISION CAN BE MADE.					
DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM YOUR DUTY?					
HOW DID YOU HEAR OF GGMC?					
DO YOU KNOW OF ANYONE WHO WORKS FOR GGMC? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHO?		HOW LONG HAVE YOU KNOWN THEM?	

EDUCATION

	ELEMENTARY					HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
SCHOOL NAME																	
YEARS COMPLETED (CIRCLE)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA/DEGREE																	
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES																	
CURRENT SCHOOL OR JOB SCHEDULE (INDICATE AM OR PM)	SAT		SUN.		MON.		TUES.		WED.		THUR.		FRI.				

MILITARY

BRANCH OF U.S. ARMED SERVICE	DATE OF ENTRY	DATE OF DISCHARGE	FINAL RANK	WERE YOU DISHONORABLY DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO
TRAINING OR SKILL ACQUIRED			ARE YOU PRESENTLY IN THE ACTIVE RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYMENT HISTORY, START WITH PRESENT OR LAST POSITION**

COMPANY				NAME & TITLE OF SUPERVISOR	
ADDRESS - NUMBER & STREET			CITY	STATE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

EMPLOYMENT HISTORY

COMPANY				NAME & TITLE OF SUPERVISOR	
ADDRESS - NUMBER & STREET			CITY	STATE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

COMPANY				NAME & TITLE OF SUPERVISOR	
ADDRESS - NUMBER & STREET			CITY	STATE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

COMPANY				NAME & TITLE OF SUPERVISOR	
ADDRESS - NUMBER & STREET			CITY	STATE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

IN CASE OF EMERGENCY NOTIFY - NAME, ADDRESS, PHONE, RELATIONSHIP
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REFERENCES

PERSONAL REFERENCES		
NAME	ADDRESS	TELEPHONE
1.		
2.		
3.		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

## Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<b>1</b> Type or print your first name and middle initial.	Last name	<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)	<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck	<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>		

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(Form is not valid unless you sign it.) ▶

**Date** ▶

<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)
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**If I wish to park my car during working hours, the Company has the right to refuse or permit me to do this, to charge a reasonable fee for this service, and to revoke the permission or change the fee at any time.  
I will have the right to approve the fee in advance, or not to garage my car.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**AUTHORIZATION**

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF MY EMPLOYMENT:  
 FINAL EMPLOYMENT APPROVAL MAY BE SUBJECT TO REFERENCE AND SECURITY CHECK.  
 I REQUEST AND AUTHORIZE ANY INDIVIDUAL, COMPANY, SCHOOL, CORPORATION, CREDIT BUREAU, INSTITUTION, AND LAW ENFORCEMENT AGENCY TO FURNISH THIS COMPANY WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY WHICH THEY HAVE ON RECORD OR OTHERWISE, AND RELEASE THE INDIVIDUAL COMPANY, SCHOOL, CORPORATION, CREDIT BUREAU, INSTITUTION, AND LAW ENFORCEMENT AGENCY AND ANY PERSON CONNECTED WITH THEM FROM LIABILITY FOR FURNISHING SUCH INFORMATION. IN ACCORDANCE WITH APPLICABLE LAW, AN INVESTIGATIVE OR CONSUMER REPORT MAY BE SOUGHT. IF SUCH REPORTS ARE SOUGHT, YOU WILL BE NOTIFIED IN A SEPARATE WRITTEN COMMUNICATION OF THE NAME AND ADDRESS OF THE CREDIT REPORTING AGENCY AND TAKE SUCH OTHER STEPS AS ARE REQUIRED BY LAW. THIS AUTHORIZATION FOR RELEASE OF INFORMATION INCLUDES BUT IS NOT LIMITED TO MATTERS OF OPINION RELATING TO MY CHARACTER, ABILITY, REPUTATION AND PAST CONDUCT.  
 I AGREE THAT WHEN I LEAVE THE COMPANY, VOLUNTARILY OR INVOLUNTARILY, I WILL RETURN ALL COMPANY PROPERTY AND FUNDS THAT HAVE BEEN ASSIGNED TO ME. OTHERWISE, I UNDERSTAND THAT THE COST OF SAID ARTICLES ARE TO BE PAID BY ME.  
 I UNDERSTAND THAT OPERATIONAL NEEDS MAY NECESSITATE MY TRANSFER BETWEEN WORK STATIONS.  
 I UNDERSTAND THAT COMPANY PERSONNEL POLICIES ARE SUBJECTED TO UNILATERAL CHANGES AND THAT ABSENT OF A SPECIFIC WRITTEN AGREEMENT TO THE CONTRARY EMPLOYMENT WITH THE COMPANY IS ALWAYS AT THE WILL OF THE COMPANY.  
 I UNDERSTAND AND AGREE THAT FALSIFICATION OR INCOMPLETENESS OF ANY INFORMATION ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISMISSAL.  
 I HAVE READ THE ABOVE STATEMENT AND ACCEPTED IT AS A CONDITION OF MY EMPLOYMENT BY GARAGE MANAGEMENT CORP.  
 A REPRODUCTION OR FACSIMILE OF THIS DOCUMENT MAY BE TREATED AS AN ORIGINAL.

DATE \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

**PERSONNEL USE ONLY**

**DO NOT WRITE IN SPACES BELOW**

INTERVIEWED BY	DATE
REMARKS	
DATE OF HIRE	LOCATION
POSITION	<input type="checkbox"/> PART TIME      STARTING SALARY OR WAGE      SCHEDULED HOURS <input type="checkbox"/> FULL TIME
SPECIAL INSTRUCTIONS	
EMPLOYMENT APPROVED BY	DATE

# I-9 FORM PLEASE FILL OUT

Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12  
**Form I-9, Employment Eligibility Verification**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

- |   |    |  |     |  |
|---|----|--|-----|--|
| LIST A<br>Documents that Establish Both<br>Identity and Employment<br>Authorization | OR | LIST B<br>Documents that Establish<br>Identity | AND | LIST C<br>Documents that Establish<br>Employment Authorization |
|---|----|--|-----|--|

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States		
			2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. U.S. Military card or draft record	2. Certification of Report of Birth issued by the Department of State (Form DS-1350)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa			3. School ID card with a photograph	
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document		
	6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security	
9. Driver's license issued by a Canadian government authority	10. School record or report card	11. Clinic, doctor, or hospital record		
			11. Clinic, doctor, or hospital record	12. Day-care or nursery school record

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last First Middle Initial Maiden Name  
Address (Street Name and Number) Apt. #  
City State Zip Code Social Security #  
Date of Birth (month/day/year)

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):  
 A citizen of the United States  
 A noncitizen national of the United States (see instructions)  
 A lawful permanent resident (Alien #) \_\_\_\_\_  
 An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature Date (month/day/year)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name Date (month/day/year)

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

Document title:	List A	OR	List B	AND	List C
Issuing authority:	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Title  
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable) B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_  
 I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.  
 Signature of Employer or Authorized Representative Date (month/day/year)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)