



GGMC PARKING, LLC EMPLOYMENT APPLICATION

PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	CELL PHONE () -	SOCIAL SECURITY NUMBER - -
CURRENT HOME ADDRESS (NUMBER & STREET NAME)				APT. No
CITY	STATE	ZIP	HOME PHONE () -	HOW LONG (Years & Month)
PREVIOUS HOME ADDRESS (NUMBER & STREET NAME)				APT. No
CITY	STATE	ZIP	HOME PHONE () -	HOW LONG (Years & Months)
ARE YOU AUTHORIZED TO WORK FULL TIME IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU APPLIED TO WORK HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DRIVER LICENSE		STATE ISSUED		EXPIRES

GENERAL

POSITION APPLYING 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 STICK SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU WILLING TO WORK OVERNIGHT <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?		
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 HAVE A PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM YOUR DUTY?		
HOW DID YOU HEAR OF GGMC?		
DO YOU KNOW ANYONE WHO WORKS FOR GGMC? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHO? HOW LONG HAVE YOU KNOWN THEM?

EDUCATION

	HIGHSCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA / DEGREE			
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILL			

MILITARY

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

EMPLOYMENT HISTORY

COMPANY		NAME & TITLE OF SUPERVISOR			
COMPANY ADDRESS (NUMBER & STREET NAME)			CITY	STATE	ZIP
				PHONE () -	
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

COMPANY		NAME & TITLE OF SUPERVISOR			
COMPANY ADDRESS (NUMBER & STREET NAME)			CITY	STATE	ZIP
				PHONE () -	
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

REFERENCES

PERSONAL REFERENCES		
	NAME	ADDRESS
1		TELEPHONE () -
2		TELEPHONE () -
3		TELEPHONE () -

TERMS & CONDITIONS

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 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 is as a condition of my employment by GGMC Parking.
- A reproduction of facsimile of this document may be treated as than original.

Date _____ Applicant's Signature _____

PERSONELL USE ONLY

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