

Hire date: / /

PREFERRED PARKING/TRANSPORTATION APPLICATION

LAST NAME: _____ **E-Mail:** _____

FIRST NAME: _____ **MIDDLE NAME:** _____

ADDRESS: (# & street) _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AGE: _____ **BIRTHDATE:** _____ **SOC. SEC. #:** _____

DRIVER'S LICENSE #: _____ **STATE:** _____ **US CITIZEN? Y/N** _____

LICENSE CLASS: _____ **ENDORSEMENTS:** _____ **EXPIRATION DATE:** _____

PHONE: (H) () , () _____ **PAGER OR CELL #: ()** _____

BEST TIME TO CALL: _____ **(circle): SINGLE:** _____ **MARRIED:** _____ **ANY CHILDREN:** _____

SEEKING FULL OR PARTI-TIME? _____ **DATE AVAILABLE?** _____

TIMES AVAIL. (AM) _____ **(AFT)** _____ **(PM)** _____

WILL YOU WORK SATURDAY? _____ **SUNDAY?** _____

HAVE YOU WORKED AS A VALET OR COMMERCIAL DRIVER BEFORE?: _____

IF YES, WHERE: _____

OTHER CUSTOMER SERVICE EXPERIENCE LIST: _____

LANGUAGES SPOKEN WELL, PLEASE LIST: _____

HAVE YOU HAD A DWI? _____ **WHEN?** _____ **OTHER CONVICTIONS?** _____

EXPLAIN (IF ANY) _____

_____ **ANY CHARGES PENDING?** _____

ARE YOU TAKING PRESCRIPTION MEDICATION? PLEASE LIST: _____

LIST PREVIOUS THREE EMPLOYERS: (most recent first) if job required DOT compliance include 10 years back

DATES EMP: FROM _____ **TO:** _____ **JOB TITLE:** _____

EMPLOYER: _____ **DUTIES:** _____

TELEPHONE NUMBER: _____

_____ **REASON FOR LEAVING:** _____

DATES EMP: FROM _____ **TO:** _____ **JOB TITLE:** _____

EMPLOYER: _____ **DUTIES:** _____

TELEPHONE NUMBER: _____

_____ **REASON FOR LEAVING:** _____

DATES EMP: FROM _____ **TO:** _____ **JOB TITLE:** _____

EMPLOYER: _____ **DUTIES:** _____

_____ **REASON FOR LEAVING:** _____

CELL NUMBER: _____ **HOME PHONE:** _____

THREE EMPLOYMENT OR PERSONAL REFERENCES: (AT LEAST ONE EMPLOYER)

NAME: _____ **RELATION:** _____ **PHONE:** _____

NAME: _____ **RELATION:** _____ **PHONE:** _____

NAME: _____ **RELATION:** _____ **PHONE:** _____

EDUCATION:

LAST LEVEL OF STUDY: _____ **SCHOOL:** _____

DID YOU GRADUATE? _____ **YEAR:** _____ **LIST SUBJECTS OF STUDY:** _____

HIGH SCHOOL NAME & LOCATION: _____

OTHER TRAINING OR COURSES: _____

ARE YOU UNDER A CHILD SUPPORT ORDER? _____ **ARE YOU PAYING ON ONE?** _____

ANY HEALTH OR PHYSICAL LIMITATIONS: (DESCRIBE) _____

_____ **VISION: GLASSES?** _____

HAVE YOU HAD ANY CAR ACCIDENTS? _____ **IF YES, HOW MANY?** _____

WERE YOU AT FAULT? _____ **CAN YOU DRIVE A MANUAL SHIFT?** _____ **DO YOU HAVE A CAR?** _____

ANY OUTSTANDING TICKETS OR WARRANTS?: YES / NO IF YES PLEASE EXPLAIN: _____

_____ **PARKING TICKETS OWED?** _____

DO YOU HAVE INSURANCE ON YOUR PRESENT VEHICLE? _____

HAVE YOU TAKEN DEFENSIVE DRIVING/DRIVER TRAINING? _____

As an applicant for employment with Preferred Parking & Transportation, I understand a background investigation is required. I release Preferred Parking, Preferred Transportation, and any other agent from liability of obtaining this information which may include identify verification, criminal history, driving records, previous employment verification, civil, or any other required information. I understand a drug and or alcohol test may be required. I also understand and accept that this information may be obtained prior to, and at anytime during my employment with Preferred Parking & Transportation.

I understand that all information obtained will be used for employment purposes, will be kept confidential, and will be obtained with the guidelines of the FCRA (Fair Credit Reporting Act) and all other applicable laws. Return to: Preferred Parking & Transportation, P. O. Box 670902, Dallas, TX 75367. Or, e-mail to: preferredparking@sbcglobal.net for faster response.

Applicant signature _____ Date: _____