

EXECUTIVE PARKING SYSTEMS, INC.

APPLICATION FOR VALET PARKING EMPLOYMENT

Please fill out the following application form. When complete, please fax to **678-580-3808**.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ SSN: _____

Home Number: (____)_____ Cell Number: (____)_____

Driver's License Number: _____ State of License: _____

Authorization to pull driving record: _____ (initial)

Have you ever been arrested? ___Yes ___No

If Yes, please explain:

Do you have transportation? ___Yes ___No

Can you drive stick shift? ___Yes ___No

Please circle: Full Time / Part Time

Can you work late nights? ___ Yes ___No

Can you run for long periods of time? ___Yes ___No

Do you smoke? ___Yes ___No

When can you start? _____

When can you train? _____

When can you work?

Sundays _____

Thursdays _____

Mondays _____

Fridays _____

Tuesdays _____

Saturdays _____

Wednesdays _____

Employment History

Have you ever been employed as a valet? Yes No If yes, where: _____

Previous Employer: _____ Position: _____

Supervisor: _____ Phone Number: _____

Previous Employer: _____ Position: _____

Supervisor: _____ Phone Number: _____

Education

High School: _____ College: _____

Are you currently a student? Yes No If yes, please provide a copy of your class schedule.

Personal References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

What special qualities will you bring to the Executive Parking Systems team?

Will you have another job while employed by Executive Parking Systems? Yes No

If yes: Employer: _____ Supervisor _____

Phone Number: _____

How did you find out about Executive Parking Systems, Inc.? (If referred by friend, please give name.)

By signing this application for employment with Executive Parking Systems, Inc., I hereby acknowledge that all information provided in this application is true and accurate. If I am employed by Executive Parking Systems, Inc., and any information on this application is found to be false, I understand that I will forfeit any benefits and references and will be subject to automatic termination. By signing this application for employment, I understand and acknowledge to pulling my driving record and contacting my previous employers and personal references by Executive Parking Systems, Inc.

Printed Name: _____

Signature: _____

Date: _____