



505 5<sup>th</sup> Ave S Ste P1  
 Seattle, WA 98104  
 Phone: 206-254-0811  
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## APPLICATION FOR EMPLOYMENT

**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION**

### INFORMATION

<b>POSITION APPLIED FOR?</b>						<b>DATE:</b>	
LAST NAME:			FIRST NAME:			MIDDLE IN:	
PRESENT ADDRESS:			CITY:		STATE:	ZIP:	
HOME PHONE:			E-MAIL:				
CELL PHONE:			DATE AVAILABLE TO START WORK?				
<b>WHAT IS YOUR AVAILABILITY:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary # of Hrs per Week _____							
DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time From							
Time To							
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of right to work in the U.S. will be required if hired.)							
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, employment is subject to minimum legal age requirements.)							
How did you learn about this position opening?							
Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?							
Were you known by any other name at any job or school listed on this application? What name(s)?							
At which school(s)/employer(s) were you known by this other name?							
Are you able to perform the essential functions (physical or otherwise) of the job(s) you have applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>EDUCATION</b>							
	Name and Location of School		Years Completed	Did you graduate?	Degrees Received		
High School							
High School Co-op/Work-study Student <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College or Trade School							
<b>SKILLS</b>							
List other skills, courses/training, and/or experience that may help your work for this company (other than those already shown): _____ _____							
<b>PROFESSIONAL REFERENCES</b>							
Please list two persons, other than relatives, who we may contact about your professional work experience.							
Name		Years Known	Relationship		Telephone Number / E-mail Address		

International Parking Management reserves the right to require driver applicants to provide a 3 or 5 year employment driving record abstract. This may be obtained from any Driver's License office.

**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)**

Please list your employment history below beginning with the most recent employer first, include U.S. military service.

If currently employed, may we contact your employer?  Yes  No

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (International Parking Management) and/or PMSI to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including International Parking Management and PMSI) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release International Parking Management and PMSI from any liability for future references it may provide regarding my work history with International Parking Management.

Due to the large number of applications that PMSI receives, I understand PMSI cannot guarantee that my application will be considered for any or all open positions they or International Parking Management may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of International Parking Management and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

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

\_\_\_\_\_  
Date