

HALDEN PARKING SERVICES
EMPLOYMENT APPLICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____ MOBILE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ DRIVERS LICENSE EXPIRATION DATE: _____

CIVIL STATUS: MARRIED SINGLE NUMBER OF DEPENDANTS: _____

DO YOU HAVE ANY POINTS ON YOUR LICENSE: YES NO IF SO, HOW MANY? _____

HAVE YOU EVER TAKEN A DRIVERS DEFENSE CLASS? _____ DO YOU DRIVE STICK SHIFT? _____

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT? _____

DO YOU HAVE VALET PARKING EXPERIENCE? _____ IF SO, WHERE? _____

ARE CURRENTLY EMPLOYED? _____ IF SO, WHERE? _____

DO YOU HAVE ANY EXPERIENCE AS MANAGER OR SUPERVISOR? YES NO

IF YES, EXPLAIN WHERE AND THE DETAILS OF YOUR POSITION:

HAVE YOU EVER BEEN GUILTY, NO CONTEST OR BEEN CONVICTED OF ANY CRIME? YES NO

IF YES, PROVIDE DATES AND DETAILS: _____

PLEASE FILL IN YOUR HOURS OF AVAILABILITY:

MON	TUES	WED	THUR	FRI	SAT	SUN

SIGNATURE: _____ DATE: _____