

# APPLICATION FOR EMPLOYMENT

Today's Date \_\_\_\_\_

(All questions on front of this Application must be answered completely and accurately)

Mr. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Name: Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_ LAST FIRST MIDDLE

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE  OWN  LIVING WITH  
 BUYING  RENT  RELATIVES

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Present Phone or Nearest Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.  
MONTH DAY YEAR  SINGLE  WIDOWER  
 MARRIED  DIVORCED  
 SEPARATED

If married, give maiden name \_\_\_\_\_ Husband's or Wife's full name \_\_\_\_\_

Husband's or Wife's Employer: Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_ Care of Children Arranged? \_\_\_\_\_

Number of Dependents Claimed \_\_\_\_\_ Have you ever been apprehended for shoplifting? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you any allergy Yes  No  Back condition Yes  No  Diabetes Yes  No  Epilepsy Yes  No  Hernia Yes  No

History of: Mental Illness Yes  No  Nephritis Yes  No  Rheumatism Yes  No  Tuberculosis Yes  No

Major operations Yes  No  Serious accident or illness Yes  No

Date and kind? \_\_\_\_\_ Date and kind? \_\_\_\_\_

Texas Drivers Lic. # \_\_\_\_\_ No. of Tickets in last 3 years \_\_\_\_\_ No. of accidents in last 3 years \_\_\_\_\_

How did you hear of this employment opportunity? \_\_\_\_\_

I am available for  Full Time Days  Full Time Evenings  Part Time Days  Part Time Evenings

In case of emergency notify: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

EDUCATION	NUMBER OF YRS	NAME OF SCHOOL	CITY	YR OF LEAVING	DID YOU GRAD.	COURSE	GRADE AVERAGE
GRADE SCHOOL							
HIGH SCHOOL							
College or Other							

## EMPLOYMENT RECORD

Give complete employment record, starting with your LAST or PRESENT employer. Dates should include month and year; any periods of unemployment must be accounted for. If additional space is needed, a separate sheet should be attached.

DATES (month & year)	NAME AND ADDRESS OF EMPLOYER	TYPE OF POSITION HELD AND NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	RATE OF PAY	REASON FOR LEAVING
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	

At the request of Best Parking, I will take a polygraph test.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicants Signature