

# Application for Employment



On Time! Airport Parking  
2121 Yale Blvd SE  
Albuquerque, NM 87106

We are an Equal Opportunity Employer. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that there is a probation period of three (3) months prior to being considered for any benefits offered by the above named Company. I further understand I shall have the right to terminate my employment at any time, with two weeks' notice, and the above named Company has the same right, with or without notice. No one other than the Manager of the above named Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the above named Company reserves the right to require me to submit to a test for the presence of drugs and/or alcohol in my system prior to employment and at any time during my employment. My employment may be contingent upon the passing of a physical examination and a test for the presence of drugs and/or alcohol in my system performed by a doctor selected by the above named Company. I consent to the disclosure of the results of the physical examinations and related tests to the above named Company.

I understand that the above named Company may investigate my driving record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to require a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation. I understand that the above named Company may contact my previous employers and I authorize those employers to disclose to the above named Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any related rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the above named Company, and release them from any and all liability or claims of damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in respect, I may be dismissed.

**DO NOT SIGN THIS STATEMENT WITHOUT READING FIRST.**

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

\_\_\_\_\_  
Date

# AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

<b>P E R S O N A L</b>	Last Name _____ First _____ Middle _____ Date _____			
	Street Address _____			Home Phone (     ) _____
	City, State, Zip _____			Business Phone (     ) _____
	Social Security Number _____	Height _____ Ft. _____ In.	Weight _____ Lbs.	How long at present address? _____ Years
	What was your previous address? _____			
	Have you ever been bonded? ___ Yes ___ No    If Yes, with what employers? _____			
	State names of relatives and friends working for us other than your spouse. _____			
	Have you ever applied for employment with us? Yes ___ No ___    If Yes: Month and Year _____ Location _____			
	Position Desired _____			
	If a drivers license is required for the position for which you are applying, do you have a valid drivers license? Yes ___ No ___    If so, please provide the following:    License Number _____ Expiration _____ State _____			
	Are you looking for a full time or a part time position? Full Time _____ Part Time _____			Will you work overtime if asked? Yes ___ No ___
	Will you be holding any other jobs while employed with us? Yes ___ No ___    If so, please describe _____			
	Do you, the Applicant, have the necessary documentation to complete an I-9 form? (i.e. U.S. Passport, Alien Registration Receipt Card, Driver License, ID Card, SS Card or Birth Certificate)			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.) _____				
How did you learn of our organization? _____				

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF	DID YOU GRADUATE?	DEGREE OR DIPLOMA
				YEARS COMPLETED		
		College			Yes ___ No ___	
		Trade			Yes ___ No ___	
		High School			Yes ___ No ___	
		Other			Yes ___ No ___	

<b>EMPLOYMENT</b>	Please give accurate, complete full-time & part-time employment record. Start with present or most recent employer.
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<b>1</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone (    )
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		
<b>M I L I T A R Y</b>	Describe your duties and any special training	Branch of Service
		Period of Active Duty (Month & Year) From                      To
		Rank at Discharge
		Date of Final Discharge

**REFERENCES**

Please list 3 references that we may contact.

	<b>Name</b>	<b>Phone</b>	<b>Relationship</b>	<b>Years Known</b>
1				
2				
3				

**Note: ONLY COMPLETE APPLICATIONS WILL BE GIVEN CONSIDERATION.**

This application will be considered active for a maximum of forty five (45) days. If you wish to be considered for employment after that time, you must reapply.

Date: \_\_\_\_\_

Company Name: *On Time Airport Parking*  
*2121 Yale Blvd SE*  
*Albuquerque, NM 87106*

I, \_\_\_\_\_, the undersigned employee understand that any and all information I may acquire regarding the above referenced company is confidential and may not be released to anyone outside the company without consent of my supervisors or the Owners.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

**Availability:** Please fill out the days and times that you will be available to work. Please indicate if you are willing to work graveyard hours. Remember, we are open **24 hours** so please be specific about the times that you can work!

Monday	From_____	To_____
Tuesday	From_____	To_____
Wednesday	From_____	To_____
Thursday	From_____	To_____
Friday	From_____	To_____
Saturday	From_____	To_____
Sunday	From_____	To_____

Graveyard? Yes\_\_\_\_\_ No\_\_\_\_\_

**Questions: This is a chance for us to get to know you!**

Why would you be interested in a job at On Time Parking?

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What Specific skills would make you a great candidate for this job?

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Please briefly discuss what you think is the most important aspect of customer service.

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What is the Number one reason you should be considered for this job?

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