



# PARKING MARKING

COMPANY

**STRIPING SPECIALISTS**

[www.ottospm.com](http://www.ottospm.com)

## Application for Employment

|                 |  |  |  |                              |
|-----------------|--|--|--|------------------------------|
| <b>Personal</b> | Last Name: _____ First Name: _____ Middle _____  |  |  | Date _____                   |
|                 | Street Address _____   |  |  | Home Telephone: ( ) _____    |
|                 | City, State Zip _____  |  |  | Business Telephone ( ) _____ |
|                 | Have you ever applied or been employed with us? (circle one)<br>Yes      No      If Yes, Give Date: _____  |  |  | Social Security # _____      |
|                 | How did you hear about this job? _____   |  |  | Pay Expected _____           |
|                 | Position Desired _____   |  |  |                              |
|                 | Are any of your relatives employed by Otto's Parking Marking?<br>Yes      No      If yes, who and relationship: _____  |  |  |                              |
|                 | Are you legally eligible for employment in the United States? _____  |  |  |                              |
|                 | Are you under 18?<br>If yes, give age, birth date, and proof of age? _____   |  |  |                              |
|                 | Do you have reliable transportation to get to work? _____  |  |  |                              |
|                 | Do you have a valid driver's license?<br>State: _____ DL Number: _____   |  |  |                              |
|                 | Do you have automobile liability insurance? _____  |  |  |                              |
|                 | Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summer offenses, which have not been annulled, expunged, or sealed by a court? If yes, describe in full (use additional paper if necessary):<br>_____<br>_____<br>_____<br>_____ |  |  |                              |

|                     |   |          |                                  |
|---------------------|---|----------|----------------------------------|
| <b>AVAILABILITY</b> | When will you be available to begin work?   |          |                                  |
|                     | If offered a job, how long do you expect to work here?                                    |          |                                  |
|                     | Apart from absences for religious observance, are you available for full-time work?       |          |                                  |
|                     | Yes   | No       | If not, what hours can you work? |
|                     | Have you ever been counseled or disciplined for being late or absent from work or school? |          |                                  |
|                     | Are you willing to work irregular schedules when necessary?                               |          |                                  |
|                     | Yes   | No       |                                  |
|                     | Nights  | Weekends | Overtime                         |
|                     | Out of Town   |          |                                  |

|                  |   |                   |                 |                       |                   |                   |
|------------------|---|-------------------|-----------------|-----------------------|-------------------|-------------------|
| <b>EDUCATION</b> | School  | Name and Location | Course of Study | No. of Yrs. Completed | Did you graduate? | Degree or Diploma |
|                  | College   |                   |                 |                       |                   |                   |
|                  | Business/Trade/Technical  |                   |                 |                       |                   |                   |
|                  | High School   |                   |                 |                       |                   |                   |
|                  | Elementary  |                   |                 |                       |                   |                   |
|                  | Other special training or skills (languages, machine operation, etc): |                   |                 |                       |                   |                   |
|                  |   |                   |                 |                       |                   |                   |
|                  |   |                   |                 |                       |                   |                   |
|                  |   |                   |                 |                       |                   |                   |

|                   |   |          |         |                         |        |               |
|-------------------|---|----------|---------|-------------------------|--------|---------------|
| <b>REFERENCES</b> | List 3 School, business, or personal references that you give permission for us to contact. They should not be related. |          |         |                         |        |               |
|                   | reference   |          |         |                         |        | Check type of |
|                   |   | Name     | Phone # | How long you have known | School | Work          |
|                   |   | Personal |         |                         |        |               |
|                   | 1   |          |         |                         |        |               |
| 2                 |   |          |         |                         |        |               |
| 3                 |   |          |         |                         |        |               |

## EMPLOYMENT

Otto's Parking Marking does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, veteran status, or any other criterion made unlawful under applicable federal or state laws. You are not required to give information responsive to inquires prohibited by law.

|                 |  |   |
|-----------------|--|---|
| <b>1</b>        | Company Name   | Telephone<br>(    )                                       |
|                 | Address  | Employed (month and year)<br>From                      To |
|                 | Name of Supervisor   | Weekly pay<br>Start                      Last             |
|                 | State Job Title and Describe Your Work   | Reason for leaving  |
|                 | May we contact this employer?  |   |
| <b>2</b>        | Company Name   | Telephone<br>(    )                                       |
|                 | Address  | Employed (month and year)<br>From                      To |
|                 | Name of Supervisor   | Weekly pay<br>Start                      Last             |
|                 | State Job Title and Describe Your Work   | Reason for Leaving  |
|                 | May we contact this employer?  |   |
| <b>3</b>        | Company Name   | Telephone<br>(    )                                       |
|                 | Address  | Employed (month and year)<br>From                      To |
|                 | Name of Supervisor   | Weekly pay<br>Start                      Last             |
|                 | State Job Title and Describe Your Work   | Reason for Leaving  |
|                 | May we contact this employer?  |   |
| <b>4</b>        | Company Name   | Telephone<br>(    )                                       |
|                 | Address  | Employed (month and year)<br>From                      To |
|                 | Name of Supervisor   | Weekly pay<br>Start                      Last             |
|                 | State Job Title and Describe Your Work   | Reason for Leaving  |
|                 | May we contact this employer?  |   |
| <b>MILITARY</b> | Did you serve in the U.S. Armed Forces?<br>If yes, which branch?   |   |
|                 | Starting Rank  | Rank at Discharge   |
|                 | Was your discharge from the military anything other than honorable?<br>If yes, please explain the circumstances of your discharge (use additional paper if necessary): |   |
|                 |  |   |
|                 | Describe any training received relevant to the position for which you are applying:  |   |
|                 |  |   |

## MISSION STATEMENT

To serve the needs of our customers in a professional, time, and effective manner while using the highest quality employees, equipment, and materials. Employing continual training and education to financially, physically, mentally, and spiritually benefit all stakeholders.

## PRE EMPLOYMENT TEST

The attached is a test which has questions relating to the daily task required by crew members here at Otto's Parking Marking, Co. The results of this test are for our records and information only; they will be used to determine the amount of training you will need.

## APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in the Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature

## For Employer's Use Only

| REFERENCE CHECK | Reference | Person Contacted | Results |
|-----------------|-----------|------------------|---------|
|                 | 1         |                  |         |
|                 | 2         |                  |         |
|                 | 3         |                  |         |
|                 | 4         |                  |         |

## Interviewer Comments

| INTERVIEW RESULTS |  |
|-------------------|--|
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |