



**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
                                     LAST                                    FIRST                                    MIDDLE                                    PHONE                                    SOCIAL SECURITY #

PRESENT ADDRESS: \_\_\_\_\_  
                                     STREET                                    CITY                                    STATE                                    ZIP                                    YEARS

PREVIOUS ADDRESS: \_\_\_\_\_  
                                     STREET                                    CITY                                    STATE                                    ZIP                                    YEARS

APPLY FOR:  Full Time       Part Time       Seasonal      DATE YOU CAN START: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  Yes       No      CURRENT POSITION: \_\_\_\_\_

MINIMAL SALARY REQUIREMENTS: \_\_\_\_\_ SALARY YOU HOPE TO OBTAIN IN 5 YRS.: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ PERSON WHO REFERRED YOU: \_\_\_\_\_

NAME OF FRIENDS OR RELATIVES WORKING AT PARKER: \_\_\_\_\_

HAVE YOU APPLIED TO PARKER BEFORE:  Yes       No

HOBBIES: \_\_\_\_\_

**DRIVER INFORMATION**

LICENSE NUMBERS: \_\_\_\_\_ STATE: \_\_\_\_\_ TYPE:  Regular    CDL    Other

NUMBER OF MOVING VIOLATIONS IN THE PAST YEAR: \_\_\_\_\_ DO YOU OWN/LEASE A VEHICLE:  Yes    No

IS YOUR LICENSE VALID?:  Yes    No

ARE YOU WILLING TO USE YOUR VEHICLE FOR WORK IF REIMBURSED?:  Yes    No

**HEALTH/DRUG/CRIMINAL INFORMATION**

WOULD YOU BE WILLING TO TAKE A DRUG TEST?:  Yes    No

WOULD YOU BE WILLING TO SUBMIT TO A BACKGROUND CHECK?  Yes    No

WOULD YOU BE WILLING TO BE BONDED?:  Yes    No

HOW MANY DAYS DID YOU MISS FROM WORK LAST YEAR?: \_\_\_\_\_

DO YOU HAVE A PHYSICAL OR MENTAL IMPAIRMENT THAT WOULD PREVENT YOU FROM THE WORK REQUIRED BY YOU?:  Yes    NO

**EDUCATIONAL INFORMATION***HIGH SCHOOL*

		9 10 11 12	<input type="radio"/> Yes <input type="radio"/> No	
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	GPA

*COLLEGE*

		1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No		
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	GPA	MAJOR/MINOR

*GRADUATE/TRADE*

		9 10 11 12	<input type="radio"/> Yes <input type="radio"/> No		
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	GPA	MAJOR/MINOR

SUBJECTS OF SPECIAL INTEREST OR SKILLS

PROFESSIONAL ORGANIZATION YOU BELONG TO (IF ANY)

**OTHER INFORMATION**

ARE YOU AVAILABLE TO WORK DURING OUR BUSY SEASON?:  Yes  No  
 NOVEMBER 1 - DECEMBER 8, DECEMBER 31 - JANUARY 10 (7 DAYS A WEEK), MAY 9 - JUNE 1 (7 DAYS A WEEK)

IF NO, WHEN CAN YOU WORK: \_\_\_\_\_

ARE YOU WILLING TO WORK A FEW WEEKENDS OR LATE HOURS THROUGHOUT THE YEAR IF NEEDED?:  Yes  No

**PREVIOUS EMPLOYMENT INFORMATION**

COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
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DATE EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_ AVERAGE HOURS WORKED A WEEK: \_\_\_\_\_

JOB RESPONSIBILITIES/DUTIES/TASKS: \_\_\_\_\_

DIRECT SUPERVISORS NAME: \_\_\_\_\_ CAN WE CALL FOR A REFERENCE?  Yes  No

REASON FOR DISCHARGE OR LEAVING: \_\_\_\_\_

**PRIOR EMPLOYMENT INFORMATION**

COMPANY NAME ADDRESS CITY STATE ZIP PHONE NUMBER

DATE EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_ AVERAGE HOURS WORKED A WEEK: \_\_\_\_\_

JOB RESPONSIBILITIES/DUTIES/TASKS: \_\_\_\_\_

DIRECT SUPERVISORS NAME: \_\_\_\_\_ CAN WE CALL FOR A REFERENCE?  Yes  No

**EMERGENCY CONTACT INFORMATION**

IN THE EVENT OF AN EMERGENCY OR ACCIDENT, WHO SHOULD WE CONTACT?:

NAME DAYTIME PHONE # NIGHT PHONE # RELATIONSHIP

Employment with Parker is not for a definite term or period of time and may be terminated by either party with or without good cause and with or without prior notice. No manager or other representative of Parker has the authority to enter into any employment contract or agreement with any individual contrary to the foregoing. I affirm that no oral representation has been made to me regarding the length or term of my potential employment at Parker. I further understand that I must call when I won't be able to make it into work. If I fail to make it to work without communicating with my manager or their designee for 3 consecutive days, this will be considered a voluntary resignation.

I authorize any persons or organizations to give Parker any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I further authorize Parker to do a thorough background check which is consistent with local law. I release from liability Parker and all those acting on behalf of Parker for any damage which may result from investigating and receiving such information and I release from liability all such persons or organizations and all those acting on their behalf for any damage which may result from furnishing such information to Parker."

I understand that this application for employment in no way obligates Parker to employ me and in no way shall be construed as an offer of employment, employment contract or employment agreement.

I further understand that, should I become employed, I will receive a Parker Policy and Procedure Manual and agree to read it in full within four weeks of employment and abide by all of the terms and conditions contained in the Manual. I further understand that, upon employment, I will also be required to sign a confidentiality agreement, which, among other things, contains a covenant-not-to-compete.

I understand that the information given by me on this application will be verified in order to expedite my application or employment. I certify that the information given by me and as set forth in this application is true to the best of my information, knowledge and belief. I further understand that any intentional falsification or omission given on this application or during the application process may result in discharge.

I have read and understand the above. I willingly sign this employment application and accept all of the conditions contained herein.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_