

PARKSMAN PARKING, LLC

EMPLOYMENT APPLICATION

Legal Name: _____				
LAST, SUFFIX	FIRST	MIDDLE		
RESIDENCE ADDRESS _____	CITY	COUNTY	STATE	ZIP CODE
RESIDENCE TELEPHONE (INCLUDE AREA CODE) _____			CELL PHONE _____	
SOCIAL SECURITY NUMBER _____		DATE OF BIRTH _____		
DRIVERS LICENSE #, STATE _____		EXP. DATE _____		

EDUCATION/SKILLS

HIGH SCHOOL NAME / ADDRESS	DATES FROM	TO	YEARS COMPLETED	DID YOU GRADUATE	TYPE OF DIPLOMA

COLLEGE / UNIVERSITY NAME / ADDRESS	DATES FROM	TO	YEARS COMPLETED	DID YOU GRADUATE	TYPE OF DIPLOMA

OTHER SCHOOLS TRADE, VOCATIONAL, BUSINESS, ETC. NAME / ADDRESS	DATES FROM	TO	YEARS COMPLETED	DID YOU GRADUATE	TYPE OF DIPLOMA

Indicate any special license such as pilot, CDL, etc. _____

LANGUAGES

LIST LANGUAGES OTHER THAN ENGLISH:

LANGUAGE	READING	WRITING	SPEAKING	UNDERSTANDING

EMPLOYMENT HISTORY

FROM DATE	NAME OF EMPLOYER	PART TIME <input type="radio"/> FULL TIME <input type="radio"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE	NAME OF SUPERVISOR
SALARY BEGINNING	CITY, STATE , ZIP	REASON FOR LEAVING	
SALARY END	DESCRIPTION OF DUTIES		

FROM DATE	NAME OF EMPLOYER	PART TIME <input type="radio"/> FULL TIME <input type="radio"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE	NAME OF SUPERVISOR
SALARY BEGINNING	CITY, STATE , ZIP	REASON FOR LEAVING	
SALARY END	DESCRIPTION OF DUTIES		

QUESTIONS REGARDING PREVIOUS EMPLOYMENT:

1. HAVE YOU EVER BEEN DISMISSED BY A FORMER EMPLOYER? YES ; NO . If yes, please explain.

2. HAVE YOU EVER HAD ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU? YES ; NO . If yes, please explain.

3. HAVE YOU EVER APPLIED TO PARKSMAN PARKING, LLC BEFORE? YES ; NO .

4. HAVE YOU EVER SERVED IN ANY OF OUR ARMED FORCES? YES ; NO . If yes LIST.

5. IF YES TO # 4, HAVE YOU EVER HAD ANY DISHONORABLE DISCHARGE? YES ; NO . If yes please explain.

6A. ARE YOU A U.S. CITIZEN? YES ; NO .

6B. IF NOT U.S.CITIZEN, LIST ALIEN REGISTRATION NUMBER _____

RESIDENCES

List past two residences:

from:	to:	own <input type="radio"/>	rent <input type="radio"/>
Street address	City	State	Zip Code
Landlords name	ph #	fax #	email address
Address	City	State	Zip Code

from:	to:	own <input type="radio"/>	rent <input type="radio"/>
Street address	City	State	Zip Code
Landlords name	ph #	fax #	email address
Address	City	State	Zip Code

Driving History

1. Are you a licensed Florida vehicle operator? YES ; NO .

2. Have you ever been charged with any violations of the law while driving? YES ; NO . If yes explain.

3. Has your Driver's License ever been suspended or revoked? YES ; NO . If yes explain.

4. Do you know how to operate a stick shift vehicle? YES ; NO .

5. Do you have experience operating oversized vehicles? (Hummer H2, Large SUV's) YES ; NO .

6. Do you currently have auto insurance? YES ; NO .

7. Do you have previous valet experience? YES ; NO . Describe you experience.

CRIMINAL History

1. Have you ever been convicted of a misdemeanor or felony crime? YES ; NO .

2. If yes, list convictions: _____

References

1. Name _____ Occupation _____

Address _____

Years Known _____ #,street _____ City, State _____ Zip Code _____
Home Phone _____ Business Phone _____

2. Name _____ Occupation _____

Address _____

Years Known _____ #,street _____ City, State _____ Zip Code _____
Home Phone _____ Business Phone _____

Referred to Parksman Parking, LLC by: _____

APPLICANT'S CERTIFICATION

1. All of the foregoing information is true and complete.
2. I understand that this application is property of Parksman Parking, LLC.
3. I understand that Parksman Parking, LLC offers employment to those most qualified.
4. I understand that employment at Parksman Parking, LLC is at will and I may be terminated at any time and for any reason, or for no reason at all, except as prohibited by state or federal law. Parksman Parking, LLC is an Equal Opportunity Employer.
5. I understand that and agree my acceptance for employment, if offered, does not offer or guarantee any rights for continued employment.
6. I understand that initial and continued employment with Parksman Parking, LLC is based on a background check as well as periodic drug testing. Parksman Parking, LLC is a Drug Free Workplace.
7. I agree to conform to the rules, regulations and orders of Parksman Parking, LLC and acknowledge that the rules, regulations and orders of Parksman Parking, LLC may be changed, interrupted, withdrawn or added to at any time and without any prior notice.
8. I agree that the price of the uniform to be issued to me by Parksman Parking, LLC, if hired, is my financial responsibility. The price for each uniform component is as follows: Shirts \$25, Pants \$25, Belt \$15, and Collar Pins \$10. I also acknowledge that a maximum of 50 % of the deposit will be refunded (depending on the condition of the uniform) upon my departure from Parksman Parking, LLC.

Applicant Signature: _____

Date Signed: _____

***** ATTACH COPIES OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD. *****

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) **H** _____

For accuracy, **complete all worksheets that apply.**
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<input type="checkbox"/> Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2008
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <input type="checkbox"/>		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) <input type="checkbox"/>				
Date <input type="checkbox"/>				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)