

# Supreme Valet Parking Inc.

-Valet Service-

## EMPLOYEE APPLICATION:

Name:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address: Street & Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

# Of Dependents \_\_\_\_\_ Married? \_\_\_\_\_

NYS Drivers License ID # \_\_\_\_\_

Do you have any points on your license (yes or no)? \_\_\_\_\_

If so, how many? \_\_\_\_\_ Have you ever taken a drivers defense class? \_\_\_\_\_

Do you drive stick shift? \_\_\_\_\_ Do you personally own a car? \_\_\_\_\_

Have you ever been involved in a car accident? \_\_\_\_\_

Do you have experience valet parking? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you have managerial experience? \_\_\_\_\_ If so briefly explain where and explain the details of your position \_\_\_\_\_

## Please fill in your hours of availability:

- MON:
- TUES:
- WED:
- THURS:
- FRI:
- SAT:
- SUN:

Signature: \_\_\_\_\_