Smart Park, Inc. 900 E. 2nd St

Essington, PA 19029 Fax: 610-521-3500

Email: positions@smartpark.com

Expresspark, Inc. 55 Industrial Highway Essington, PA 19029

Fax: 610-521-0300

Email: positions@expresspark.net

Revised 11-18-21

APPLICATION FOR EMPLOYMENT

(Pre-employment Questio	onnaire)		(An	Equal Opportunity Emp	loyer)
Personal Information		<u>D</u>	ate		
Name					
Last	First	Middle			
Present Address					
St	treet	City	State	Zip	
Permanent Address					
St	treet	City	State	Zip	
Phone No. (Home)	(Cell)		Are you 18 Ye	ears or Older? \square Yes	\square_{No}
Are you Either a U.S. citize	en or an alien authorized to w	vork in the United St	tates? \square_{Yes}	No	
EMPLOYMENT DESIRED					
Position	Start		Salary Desi	ired	
		e of your			
Are you employed now?	preser	nt employer?			
Ever applied to this compa	any before? Where	e?	When?		
Referred By?					
EDUCATION	Name and location of school	*No. of years attended	Did you graduate?	Subjects studied	
High School					
College					
Additional Education (i.e. Trade, Business or Correspondence School)					
GENERAL					
Subjects of Special Study of	or Research Work				
Special Skills					
Activities: (Civic, Athletic,	E+c \				
	e of which indicates the race, creed	I, sex, age, marital status	s, color or origin of its	s members	
U.S. Military or Naval		_	resent Membersh		
Service	Rank	G	uard or Reserves		

^{*}The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

^{**}Smart Park & Expresspark is an Equal Employment Opportunity Employer and we value a diverse workforce. Our policy is not to unlawfully discriminate against any applicant or employee on the basis of race, color, sex, gender identity, sexual identity, sexual orientation, religion, national origin, age, ethnicity, ancestry, pregnancy, disability, handicap status, military status, veteran status, or any other basis protected by applicable federal, state, or local laws.

FORMER EMPLOYERS (List below last t	hree employers,	starting v	with last	one firs	st)		
Date								
month and year	Name and A	ddress of Emplo	yer	Salary		Positio	n	Reason for leaving
From								
To								
From	_							
To								
From To	_							
Which of these jobs did	l vou like hest?						I	
What did you like most	•							
REFERENCES: Give the	-		ted to voi	ı. whom	vou ha	ve knov	vn at lea	st one year
NAME		ADDRESS/TELEPH			youna	BUSINI		YEARS ACQUAINTED
IVAIVIL		ADDITESS/ TELETT	IONL NO			DOSINI	_55	TLANS ACQUAINTED
1.								
2.								
3.								
DRIVERS RECORD INFO	RMATION: (DR	IVERS ONLY)						
Driver's License #:			State:			Birthda	ate:	
Expiration Date:			Classes:			Endors	ements:	
Issue Date:			Medical	Restrict	ions			
Previous Driving Experi If you circled yes, what		YES NO School Bus Public Transpor	Shuttle '		Taxi Tractor	Ambul -Trailer	ance Other:	
GENERAL INFORMATION Have you lived in more Have you ever been could be sometime of the second of the	than 3 addressenvicted of a crim	ne? circle	YES	NO	circle ate	YES	NO	
What shift would you p	refer (circle)							
Full-time Weekday Part-time Weekend Only Certain Days:	s 1st Shift		3 rd Shift 3 rd Shift Fri.	Sat.	Sun.			
application shall be grounds for information concerning my prev from furnishing same to you. I u and salary, be terminated at an	dismissal. I authorize vious employment and inderstand and agree y time without prior notion of facts called for drug and alcohol testing.	investigations of all sta I any pertinent informa that, if hired, my emplo otice and without caus is cause for dismissal. Ig for pre-employment	atements con ation they ma oyment is for se. I authorize I am aware tl c, random and	ntained here ay have, and no definite investigati hat this con d reasonabl	ein and the d release a e period ar ion of all st npany part e suspicior	e reference all parties f and may, rep tatements dicipates in a."	es listed abo rom liability gardless of contained i a random o	of for any damage that may result the date of payment of my wages in this application. I understand drug and alcohol testing procedure
SIGNATONE						DAIE		

BACKGROUND SEARCH RELEASE AUTHORIZATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PRIOR ADDRESS (LIST ALL FROM P.	PAST 1 YEAR INCLUDING DATES):	
FORMER, PRIOR AND MAIDEN NA	MES (LIST ALL AND DATES OF CHANGE):	
DRIVER'S LICENSE NUMBER & STA	NTE: DA	TE OF BIRTH:
their assigned agents, associates, or reports, investigative reports, or infollowing: Law Enforcement Record Credential Verification, Employme	rize SMART PARK/EXPRESSPARK, herein reference or consumer reporting agencies to request an information concerning me. Reports requested rds, Criminal Records, Civil Records, Motor Verent Verifications, Past Employment Verifications and Consumer Credit Reports.	d receive any consumer I may include any of the hicle/Driving Records,
licensing agencies, schools, and an agents, associates, or consumer reagree to release Company and/or	ions, companies, corporations, consumer repony current or past employer to furnish Compane porting agencies with any and all information their assigned agents, associates, or consumeing information from any and all claims, liability in connection with this research.	ny and/or their assigned concerning me. I further r reporting agencies and all
(FCRA) and may have additional rig	rescribed rights as a consumer under The Fedghts under relevant specific state laws. This aun. I further acknowledge and certify that I have lit Reporting Act (FCRA).	uthorization does not include a
Disclaimer: If anything shows up i your employment application, it i	in your background check or DMV search, whis terms for immediate discharge.	ich has not been disclosed on
The above is understood and agre	eed by:	
Signature	 Printed Name	 Date

VEHICLE USE AGREEMENT

The undersigned hereby acknowledges the privilege to use a companyowned automobile. It is agreed that this vehicle will be operated in a safe manner. I agree to wear my seatbelt whenever the vehicle is in motion and will require other occupants to do so. I agree to be responsive for all traffic and parking violations that occur while the vehicle is assigned to me. I agree that under no circumstances I am to use my cell phone while driving and/or transporting customers.

I agree to promptly report all accidents or incidents resulting in injury or damage to the vehicle or other property, no matter how slight.

I understand I am requ	uired to maintain a valid driver's license	. Further, I
herewith grant SMAR1	FPARK/EXPRESSPARK the right to inves	tigate my
vehicle driving record	any time. My current driver's license is	issued from
the state of	and is No	

I will not take this vehicle anywhere other than where my employer has authorize me to drive it without written permission from the Supervisor and/or Vehicle Safety Coordinator.

I understand the operation of this vehicle in a safe operating condition is my responsibility. If this vehicle becomes unsafe, it is my responsibility to notify my supervisor immediately. I understand if vehicle damage occurs due to my reckless driving or negligence I will be charged a monetary sum up to \$1,000.

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Signature:		Date:
Print below request	ed information as showr	n on the above driver's license:
(First Name)	(Middle Name)	(Last Name)
Date of Birth:		

DISCLOSURE AND RELEASE FORM EMPLOYEE DRIVING RECORD INFORMATION

- In connection with my employment (or my application for employment), I hereby give permission to SMART PARK/EXPRESSPARK, (hereinafter referred to as Employer to obtain my state driving record, also known as my motor vehicle record or MVR).
- 2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
- 3. I authorize, without reservation, any party or agency contacted by Employer, to furnish the above-mentioned information.
- 4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
- 5. This authorization shall remain on file by the Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.
- 6. I understand that Employer may take adverse action affecting my employment, based on information from my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 - Employer must notify me in writing of any such adverse action.
 - I have the right to receive a copy of the driving record upon which the adverse action was based.
 - I have the right to receive a summary of my rights under the Fair Credit
 Reporting Act. I have the right to know the name, address, and phone number
 of the consumer-reporting agency that provided my driving record to
 Employer.
 - I have the right to obtain a free copy of my driving record from the agency that provided it, if such a request is made within 60 days from the date that Employer took adverse action.
 - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

DISCLAIMER: If anything shows up in your background check or DMV Search which has not been disclosed on your employment application, it is terms for immediate discharge.

Employee's Name (Print):		
Employee's Signature:	Date:	
Driver's License Number & State:		
Date of Birth:		