

Smart Park, Inc.
900 E. 2nd St
Essington, PA 19029

Fax: 610-521-3500

Email: positions@smartpark.com

Expresspark South, Inc.
55 Industrial Highway
Essington, PA 19029

Fax: 610-521-0300

Email: positions@expresspark.net

Expresspark North, Inc.
1070 Tinicum Island Road
Lester, PA 19029

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire)

(An Equal Opportunity Employer)

Personal Information

Date

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone No.

Are you 18 Years or Older? Yes No

Are you Either a U.S. citizen or an alien authorized to work in the United States? Yes No

EMPLOYMENT DESIRED

Position

Start

Salary Desired

Are you employed now?

Inquire of your
present employer?

Ever applied to this company before?

Where?

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 or Research Work

Special Skills

Activities: (Civic, Athletic, Etc.)

Exclude organizations. The name of which indicates the race, creed, sex, age, marital status, color or origin of its members

U.S. Military or Naval
Service

Rank

Present Membership in National
Guard 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.

(Continued on other side)

BACKGROUND SEARCH RELEASE AUTHORIZATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIOR ADDRESS (LIST ALL FROM PAST 1 YEAR INCLUDING DATES):

FORMER, PRIOR AND MAIDEN NAMES (LIST ALL AND DATES OF CHANGE):

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

I voluntarily consent to and authorize SMART PARK/EXPRESSPARK, herein referred to as Company, and/or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer to furnish Company and/or their assigned agents, associates, or consumer reporting agencies with any and all information concerning me. I further agree to release Company and/or their assigned agents, associates, or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information. I further acknowledge and certify that I have received a summary of my rights under The Federal Fair Credit Reporting Act (FCRA).

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.

The above is understood and agreed by:

Signature

Printed Name

Date

VEHICLE USE AGREEMENT

The undersigned hereby acknowledges the privilege to use a company-owned 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 required to maintain a valid driver's license. Further, I herewith SMART PARK/EXPRESSPARK the right to investigate 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.

Signature: _____ Date: _____

Print below requested information as shown on the above driver's license:

(First Name) (Middle Name) (Last Name)

Date of Birth: _____

DISCLOSURE AND RELEASE FORM
EMPLOYEE DRIVING RECORD INFORMATION

1. 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: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number & State: _____