



GARAGE MANAGEMENT COMPANY

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION

PERSONAL

LAST NAME	FIRST	MIDDLE INITIAL	PHONE-INCLUDE AREA CODE	SOCIAL SECURITY NUMBER	
ADDRESS NUMBER & STREET			CITY	STATE	ZIP CODE
					HOW LONG - YEAR - MONTHS
PREVIOUS ADDRESS - NUMBER & STREET			CITY	STATE	ZIP CODE
					HOW LONG - YEAR - MONTHS
ARE YOU AUTHORIZED TO WORK FULL TIME IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU FILED AN APPLICATION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE					
DRIVER LICENSE NUMBER				STATE ISSUED	

EDUCATION

POSITION APPLIED FOR	WHEN CAN YOU BEGIN WORK?	HOURS AND DAYS AVAILABLE TO WORK	
DO YOU WANT TO WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAN YOU DRIVE A CAR WITH A STICK SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU WILLING TO WORK OVERNIGHT SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN EMPLOYED BY GMC? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE? WHEN?	
IF YES, WHY DID YOU LEAVE GMC?			
HAVE YOU EVER WORKED IN A PARKING LOT OR GARAGE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT UNION LOCAL #?	
HAVE YOU EVER WORKED AT A JOB WHERE YOU HANDLED CASH? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT JOB?	
HAVE YOU EVER HAD A JOB WHERE YOU WERE BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT JOB?	
DO YOU OWN A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MAKE & YEAR	STATE REGISTERED
HOW DID YOU HEAR OF GMC?			
DO YOU KNOW OF ANYONE WHO WORKS FOR GMC? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHO?	HOW LONG HAVE YOU KNOWN THEM?

GENERAL

	ELEMENTARY					HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
SCHOOL NAME																	
YEARS COMPLETED (CIRCLE)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA/DEGREE																	
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES																	
PRESENT SCHOOL OR JOB SCHEDULE (INDICATE AM OR PM)	SAT		SUN		MON		TUES		WED		THUR.		FRI				

MILITARY

BRANCH OF U.S. ARMED SERVICE	DATE OF ENTRY	DATE OF DISCHARGE	FINAL RANK	WERE YOU DISHONORABLY DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO
TRAINING OR SKILL ACQUIRED			ARE YOU PRESENTLY IN THE ACTIVE RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY, START WITH PRESENT OR LAST POSITION

COMPANY			NAME & TITLE OF SUPERVISOR		
ADDRESS - NUMBER & STREET		CITY	STATE	ZIP CODE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

EMPLOYMENT HISTORY

COMPANY			NAME & TITLE OF SUPERVISOR		
ADDRESS - NUMBER & STREET		CITY	STATE	ZIP CODE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

COMPANY			NAME & TITLE OF SUPERVISOR		
ADDRESS - NUMBER & STREET		CITY	STATE	ZIP CODE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

COMPANY			NAME & TITLE OF SUPERVISOR		
ADDRESS - NUMBER & STREET		CITY	STATE	ZIP CODE	PHONE - INCLUDE AREA CODE
	DATE	WEEKLY SALARY	JOB TITLE & DUTIES		
FROM					
TO					
REASON FOR LEAVING					

IN CASE OF EMERGENCY NOTIFY - NAME, ADDRESS, PHONE, RELATIONSHIP

REFERENCES

PERSONAL REFERENCES		
NAME	ADDRESS	TELEPHONE
1.		
2.		
3.		

Employee's Withholding Allowance Certificate

2017

▶ **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.**

INCOME TAX W-4

1 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. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶ 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

(This form is not valid unless you sign it.) ▶

Date ▶

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)
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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2017)

If I wish to park my car during working hours, the Company has the right to refuse or permit me to do this, to charge a reasonable fee for this service, and to revoke the permission or change the fee at any time.

I will have the right to approve the fee in advance, or not to garage my car.

Date _____ Signature _____

AUTHORIZATION

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF MY EMPLOYMENT:
 FINAL EMPLOYMENT APPROVAL MAY BE SUBJECT TO REFERENCE AND SECURITY CHECK.
 I REQUEST AND AUTHORIZE ANY INDIVIDUAL, COMPANY, SCHOOL, CORPORATION, CREDIT BUREAU, INSTITUTION, AND LAW ENFORCEMENT AGENCY TO FURNISH THIS COMPANY WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY WHICH THEY HAVE ON RECORD OR OTHERWISE, AND RELEASE THE INDIVIDUAL COMPANY, SCHOOL, CORPORATION, CREDIT BUREAU, INSTITUTION, AND LAW ENFORCEMENT AGENCY AND ANY PERSON CONNECTED WITH THEM FROM LIABILITY FOR FURNISHING SUCH INFORMATION. IN ACCORDANCE WITH APPLICABLE LAW, AN INVESTIGATIVE OR CONSUMER REPORT MAY BE SOUGHT. IF SUCH REPORTS ARE SOUGHT, YOU WILL BE NOTIFIED IN A SEPARATE WRITTEN COMMUNICATION OF THE NAME AND ADDRESS OF THE CREDIT REPORTING AGENCY AND TAKE SUCH OTHER STEPS AS ARE REQUIRED BY LAW. THIS AUTHORIZATION FOR RELEASE OF INFORMATION INCLUDES BUT IS NOT LIMITED TO MATTERS OF OPINION RELATING TO MY CHARACTER, ABILITY, REPUTATION AND PAST CONDUCT.
 I AGREE THAT WHEN I LEAVE THE COMPANY, VOLUNTARILY OR INVOLUNTARILY, I WILL RETURN ALL COMPANY PROPERTY AND FUNDS THAT HAVE BEEN ASSIGNED TO ME. OTHERWISE, I UNDERSTAND THAT THE COST OF SAID ARTICLES ARE TO BE PAID BY ME.
 I UNDERSTAND THAT OPERATIONAL NEEDS MAY NECESSITATE MY TRANSFER BETWEEN WORK STATIONS.
 I UNDERSTAND THAT COMPANY PERSONNEL POLICIES ARE SUBJECT TO UNILATERAL CHANGES AND THAT ABSENCE OF A SPECIFIC WRITTEN AGREEMENT TO THE CONTRARY EMPLOYMENT WITH THE COMPANY IS ALWAYS AT THE WILL OF THE COMPANY.
 I UNDERSTAND AND AGREE THAT FALSIFICATION OR INCOMPLETENESS OF ANY INFORMATION ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISMISSAL.
 I HAVE READ THE ABOVE STATEMENT AND ACCEPTED IT AS A CONDITION OF MY EMPLOYMENT BY GARAGE MANAGEMENT CORP.
 A REPRODUCTION OR FACSIMILE OF THIS DOCUMENT MAY BE TREATED AS AN ORIGINAL.

DATE _____ MONTH _____ DAY _____ YEAR _____ APPLICANT'S SIGNATURE _____

PERSONNEL USE ONLY

DO NOT WRITE IN SPACES BELOW			
INTERVIEWED BY			DATE
REMARKS			
DATE OF HIRE	LOCATION		
POSITION	<input type="checkbox"/> PART TIME	STARTING SALARY OR WAGE	SCHEDULED HOURS
	<input type="checkbox"/> FULL TIME		
SPECIAL INSTRUCTIONS			
EMPLOYMENT APPROVED BY			DATE



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

