

Employment Application

Please sign and date the completed application. If you need additional space you may attach a supplemental sheet. Please attach three work references (contact name, title, company, phone numbers) on a separate sheet of paper or write on the back of this application.

I. Personal Information

Last name	First		Middle	
Street address			Phone	
City State Zip			Email Address	
If you are under the age of 18, do you have a work permit?		If required for the position, do you have a valid driver's license?		
o YES o NO o N/A		o YES	o NO	
If hired, can you provide verification of your legal right to work in the United St		Jnited States?	If required for the position, do you have a food handlers' certificate?	
o YES o NO			o YES o NO	
Are you able to perform the essential functions of	the job without acco	ommodation? **		
o YES o NO				
Emergency contact name:	Relation		Phone	
Have you ever worked under a different name? o	YES o NO	Do you have fric	ends or relatives working for our	
If 'Yes' Name?		If 'Yes' Name and relationship?		
Have you ever been involuntarily terminated or reco YES o NO	quested to resign?	If 'Yes', which p	position(s), and please explain.	
Have you ever been convicted of a felony? o YE (Convictions will not necessarily disqualify you for		If 'Yes' list offens	e, date and disposition of case.	

PARQ IS AN EQUAL OPPORTUNITY EMPLOYER.

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^{**}Please note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions.

II. Employment Information

Date available		Position		Salary desired		
o Ad (where) o Agency (name)	ferred to our company?	o Employee re o Walk-in	eferral (name)			
III. Education	n Information					
School level	Name and location	Course of study	Did you	u graduate?	Degree or Diploma	
High School			o YES	o NO		
College/University	У		o YES	o NO		
Post Graduate			o YES	o NO		
Business/Trade S	School		o YES	o NO		
	Information all present and past employment unemployment. You must com				sufficient). Account	
Company name		Phone		From Mo./Yr.	To Mo./Yr.	
Street address	City	State	Zip	Starting pay	Ending Pay	
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Street address	City	State	Zip	Starting pay	Ending Pay
Job title		Reason for	leaving		
Supervisor's name		May we contact this employer?			
Company name		Phone		From Mo./Yr.	To Mo./Yr.
Street address	City	State	Zip	Starting pay	Ending Pay
Job title		Reason for	leaving		
Supervisor's name		May we contact this employer?			
Company name		Phone		From Mo./Yr.	To Mo./Yr.
Street address	City	State	Zip	Starting pay	Ending Pay
Job title		Reason for leaving			
Supervisor's name		May we contact this employer?			

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V. Acknowledgment

Please read carefully, initial by each paragraph, and sign below.

Initial	I acknowledge that I have read the above statements and understand them. I certify that I have personally completed this application. I declare the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, if discovered at a later date.
Initial	I authorize the company to investigate my references, work record, education and other matters related to my work records, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
Initial	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for providing any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits and duties, at any time, for any reason, at the option of myself and the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Initial	I understand that all offers of employment are conditioned upon my proving satisfactory documentary proof of my identity and legal right to live and work in the United States meeting the Immigration Reform and Control Act of 1986 requirements.
Applica	ant Signature Date

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