

MPG
EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, creed, religion, national origin, ancestry, citizenship status, age, disability, sex, gender, gender identity or expression, sexual orientation, veteran status, genetic information or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION

| | | | |
|--|------------|----------|--------------------------------------|
| LAST NAME | FIRST NAME | M.I. | DATE |
| STREET ADDRESS | | | PHONE |
| CITY AND STATE | | ZIP CODE | EMAIL |
| ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than three (3) business days after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9 upon commencing employment. | | | WHEN WILL YOU BE ABLE TO BEGIN WORK? |
| IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT IF REQUIRED BY APPLICABLE STATE LAW? <input type="checkbox"/> Yes/Not Applicable <input type="checkbox"/> No | | | |

EMPLOYMENT INFORMATION

| |
|--|
| POSITION DESIRED _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY |
| SALARY/RATE DESIRED _____ |
| HOURS DESIRED _____ |

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME? YES NO
If yes, please specify the reasons **It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.**

HAVE YOU EVER BEEN EMPLOYED BY US? Yes No If yes, give date, location, title, name of supervisor and reason for leaving.

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes No If yes, give date:

DO YOU HAVE ANY RELATIVES WORKING FOR US? Yes No If yes, please identify them:

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

EDUCATIONAL HISTORY

| NAME AND LOCATION | COURSE OF STUDY | DEGREE OR DIPLOMA |
|---|-----------------|-------------------|
| HIGH SCHOOL | | |
| COLLEGE | | |
| GRADUATE SCHOOL | | |
| OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE) | | |

EMPLOYMENT HISTORY

Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

| EMPLOYER (first most recent) | | EMPLOYER (second most recent) | |
|-------------------------------------|--|--------------------------------------|--|
| Company Name: | | Company Name: | |
| Address: | | Address: | |
| City/State: | | City/State: | |
| Dates Employed: (From-To) | | Dates Employed: (From-To) | |
| Supervisor: (Name/Phone) | | Supervisor: (Name/Phone) | |
| Positions Held: | | Positions Held: | |
| Duties: | | Duties: | |
| Reason For Leaving: | | Reason For Leaving: | |
| EMPLOYER (third most recent) | | EMPLOYER (fourth most recent) | |
| Company Name: | | Company Name: | |
| Address: | | Address: | |
| City/State: | | City/State: | |
| Dates Employed: (From-To) | | Dates Employed: (From-To) | |
| Supervisor: (Name/Phone) | | Supervisor: (Name/Phone) | |
| Positions Held: | | Positions Held: | |
| Duties: | | Duties: | |
| Reason For Leaving: | | Reason For Leaving: | |

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE?

Yes No If yes, please identify the employer and explain why not.

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. FOR INSTANCE, IF NOT IDENTIFIED ABOVE, HAVE YOU WORKED IN PARKING BEFORE? IF YES, WHERE & WHEN?

DRIVING HISTORY

Have you ever been involved in an automobile accident before? Yes No If so, describe the nature of the accident and any damage to vehicles and persons.

Have you ever been injured as a result of an automobile accident? Yes No If so, describe the nature of the accident.

Have you ever driven a vehicle under the influence of alcohol or drugs? Yes No

Have you ever caused damage to property or a person as a result of your reckless or careless driving? Yes No If so, explain.

Do you have a current drivers' license? Yes No

Can you drive a car with a stick shift and a clutch? Yes No

HOW DID YOU HEAR ABOUT US?

Referral from an employee Website Jobsite (indeed.com / monster.com) Other (describe below)

To the extent required by applicable law, the Company maintains a smoke-free workplace.

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I understand that I will be required to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand **that subject to the provisions of any applicable collective bargaining agreement, my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the President has the authority to enter into any agreement for employment, on an individual or collective basis, for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying at-will employment status, on an individual or collective basis, must be in writing and signed by the President.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I further understand that, if hired, my continued employment is contingent on maintenance of a valid drivers' license.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the Company.

Date

Applicant's signature