

Job Title: Parking Lot Attendant

Empire Transportation participates in the E-Verify Program of the federal government. See attached document.

Based at: Various locations are operated in Los Angeles, San Bernardino, Riverside, Ventura and Orange Counties. Specific assignments made after successfully completed training.

Basic Function: Responsible for control of parking lots at bank and/or hospital and clinic locations, to include duties and responsibilities described below.

Essential Duties & Responsibilities:

- ◆ Communicate in English in a clear, professional, and courteous manner with customers, supervisors, and management personnel and via phone.
- ◆ Be able to function at the physical level required for the job assignment, and to pass all required drug tests.
- ◆ Record and maintain in a clear and legible manner records as required by company policy and/or specific client standards.
- ◆ If working at a facility where the parking lot attendant's duties include moving cars to maximize parking spaces, employee must maintain a valid California drivers license and be at least 23 years of age with a clean driving record. *Not all parking lot attendants' positions require moving vehicles. A driving/parking test may be required of employee's who are to be assigned to a location requiring the moving of cars.*
- ◆ Other duties as assigned by management/supervisor.

Minimum Job Requirements:

- ◆ Be at least twenty-three (23) years of age, and pass the pre-employment drug and alcohol testing, and any drug & alcohol testing required during employment.
- ◆ Sufficient formal or informal education, which ensures ability to speak, read, and write English at a level necessary to complete required paperwork and communicate with coworkers, supervisors and customers. Bilingual capability is a benefit. Ability to be personable with customers, coworkers, and supervisors is essential.
- ◆ **Physical Capability– job requires:**
 1. Regular standing, walking, bending, kneeling and stooping for facility inspection, directing traffic, picking up trash and debris, sweeping designated areas, assisting handicapped or elderly bank customers. This type of movement will constitute from 75-95% of the working day.
 2. Ability to work in the outdoors during all kinds of weather. The parking lots are generally not covered spaces; the activities require the attendant to be visible and engaged on the lot throughout the working day.
 3. Frequent grasping, reaching, and manipulation of hands and arms sufficient to handle tickets, bundle tickets, enter data and information on reports and records, direct traffic, use broom, pick up trash, and other tasks.
 4. Talk and hear for communication with customers, facility staff, and company staff.

Reasonable accommodations, if requested and found reasonable, may be made to enable individuals with disabilities to perform the essential functions.

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



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APPLICATION FOR EMPLOYMENT

Date ___/___/___

Empire is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability or veteran status. No question on this application is intended to be discriminatory under any applicable Federal, State, or local Fair Employment Practices Law.

READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS

PERSONAL BACKGROUND

Name _____ Social Security # _____
Last First Middle
Street Address _____ Home Phone _____
City _____ State _____ Zip _____ Mobile Phone _____
How long have you lived in this location? _____ If less than 3 years please provide addresses to show residence during past 3 years.

EMPLOYMENT INTERESTS

Position Desired _____ Date available ___/___/___ Salary Desired _____
Type of Employment ___ Full Time ___ Part Time Available for Overtime ___ Yes ___ No
Days and Hours Available for Work _____
How were you referred to our company? Check box and answer
[] Ad (Where) _____ [] Employee Referral (Name) _____
[] Agency (Name) _____ [] Other (Please specify) _____

Table with 4 columns: EDUCATION, NAME OF SCHOOL, GRADE COMPLETED, DEGREE OR DIPLOMA. Rows for High School, College/University, Business/Trade.

MILITARY SERVICE Are you a veteran? [] Yes [] No

Dates of Service & Branch of Service _____

If hired, can you provide verification of your legal right to work in the United States? [] Yes [] No
If you are a minor, can you produce a work permit? [] Yes [] No
If required for the position, do you have a valid driver's license? [] Yes [] No
If hired, would you have reliable transportation to and from work? [] Yes [] No
Have you ever worked under a different name? [] Yes [] No Name _____
Have you ever been convicted of a felony? [] Yes [] No (Do not include expunged/sealed convictions. Convictions will not necessarily disqualify for position but will be considered on an individual basis.)
If applying to be driver, have you been convicted of a misdemeanor? [] Yes [] No
If "Yes" regarding felony or misdemeanor list offense, date, and disposition of case _____

Are you able to perform the essential functions of the position for which you are applying? [] Yes [] No
Have you tested positive, or refused a test on any pre-employment drug or alcohol tests administered by a DOT-covered employer during the past 2 years? [] Yes [] No

REFERENCES Please give names of 3 work related references, not including the supervisors listed in job history. Do not include relatives. If no prior work experience list school or volunteer related references.

Table with 3 columns: Name & Position, Company, Telephone Number. Rows 1, 2, 3.

SKILLS

Typing Speed _____ wpm 10 key by touch? Yes No Computer Experience _____

Foreign Languages (speak, read, &/or write) _____

What types of special driving certificates do you or have you held and for how long? If you have held or currently hold a CDL in another state please state where, the date you held such a license, and the number. _____

Other skills you believe to be valuable _____

EMPLOYMENT INFORMATION -start with current or most recent employer (must include all employers in past 3 years). If applying for driving or mechanic position, see attached form requiring identification of all employers for whom you did work as a Commercial Driver for the past 10 years.

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___

Company Address _____

Job Title _____ Starting Pay _____ Ending Pay _____

Supervisor Name _____ Reason for Leaving _____

May we contact this employer? Yes No

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___

Company Address _____

Job Title _____ Starting Pay _____ Ending Pay _____

Supervisor Name _____ Reason for Leaving _____

May we contact this employer? Yes No

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___

Company Address _____

Job Title _____ Starting Pay _____ Ending Pay _____

Supervisor Name _____ Reason for Leaving _____

May we contact this employer? Yes No

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___

Company Address _____

Job Title _____ Starting Pay _____ Ending Pay _____

Supervisor Name _____ Reason for Leaving _____

May we contact this employer? Yes No

ACKNOWLEDGMENT-- Read carefully, initial each paragraph and sign below.

_____ I hereby authorize Empire to conduct any investigation necessary concerning any part of my background related to the position I am seeking. Furthermore I understand that should I be hired or offered a position with the company, as a condition of employment, I may be required to undergo further background checks to show that there is no legal or medical restriction on my ability to function in the job offered, or as may be required by the Company's clients in contracts for services. **I understand that my documents showing right to work in the US will be verified electronically by the US Government.** I release all parties from all liability for any damage that may result from furnishing information and opinion, which is truthful, without malice, or made in good faith to Empire.

_____ I understand that neither this application nor any communication by a management representative is intended to or does in fact create a contract of employment. I agree that any employment which may result would be employment at will, may be terminated with or without cause, with or without notice, at any time, for any reason, at the option of myself or Empire. In consideration of employment I agree to conform to the rules and regulations of the company and I understand the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

_____ I understand that as a condition of employment, and at any time during employment, I may be required to take a physical examination which may include alcohol and drug test to determine ability to perform my job in a manner that does not endanger my own health or the safety and health of others. I authorize all healthcare providers who examine me to disclose to Empire or its agents, all medical information revealed during such examinations. I authorize Empire to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others.

_____ I have read the above statements and understand them. I certify that I have personally completed this application and that the information contained in the application is true and complete to the best of my knowledge. I understand that any false information or omissions will disqualify me from consideration for employment, and/or will be justification for dismissal if discovered at a later date.

Applicant Signature _____ Date ___/___/___