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APPLICATION FOR EMPLOYMENT

ITR Concession Company, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, ancestry, age, disability, veteran status, sexual orientation, marital status, military discharge status, or source of income, or any other status protected under local, state or federal laws.

PERSONAL DATA

(PLEASE PRINT IN INK)

NAME LAST		FIRST		M.I.	DATE		
ADDRESS		APARTMENT/UNIT#	CITY	COUNTY		STATE	ZIP
CONTACT PHONE NUMBER:		EMAIL ADDRESS:			SOCIAL SECURITY NO.:		
POSITION OR JOB TITLE			POSITION #		Do you possess a valid Commercial Driver's License (CDL)? (for Maintenance positions only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <small>(PROOF OF ELIGIBILITY WILL BE REQUIRED UPON OFFER OF EMPLOYMENT)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU OVER THE AGE OF 18 YEARS? (IF NO, YOU MAY BE REQUIRED TO PROVIDE 90 AUTHORIZATION) YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN _____			
HAVE YOU EVER APPLIED TO ITR CONCESSION BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, WHEN?			
HAVE YOU EVER WORKED FOR ITR CONCESSION BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, WHEN?			
DO YOU HAVE (WHETHER BY BLOOD OR ADOPTION) ANY SPOUSE, PARENT, CHILD, BROTHER, SISTER, AUNT, UNCLE, NIECE, NEPHEW, GRANDPARENT, GRANDCHILD, SON-IN-LAW, DAUGHTER-IN-LAW, MOTHER-IN-LAW, FATHER-IN-LAW, STEPFATHER, STEPMOTHER, STEPSON, STEPDUGHTER, STEPBROTHER, STEPSISTER, HALF-BROTHER OR HALF-SISTER THAT CURRENTLY WORKS FOR ITR CONCESSION COMPANY LLC OR ANY OF ITS AFFILIATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				IF SO, PLEASE IDENTIFY THAT PERSON'S NAME, WORK LOCATION (IF APPLICABLE) AND POSITION: _____			
ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK IF HIRED?							
DAYS AND HOURS AVAILABLE: <small>(PLEASE NOTE THAT YOUR AVAILABILITY DOES NOT GUARANTEE THAT, IF HIRED, YOU WILL BE SCHEDULED TO WORK DURING THOSE TIMES.)</small>							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

EDUCATION

HIGH SCHOOL:		ADDRESS:						
		DID YOU GRADUATE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:		
COLLEGE:		ADDRESS:						
FROM:		TO:		DID YOU GRADUATE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:
OTHER:		ADDRESS:						
FROM:		TO:		DID YOU GRADUATE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:
PLEASE LIST ANY ACADEMIC HONORS, SCHOLARSHIPS, OFFICES HELD, ETC. (DO NOT LIST ANY WHICH REFLECT YOUR RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITIES, SEXUAL ORIENTATION OR VETERAN STATUS.)								

MILITARY SERVICE

BRANCH:	FROM:	TO:
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	
IF OTHER THAN HONORABLE, EXPLAIN:		

EMPLOYMENT HISTORY

(BEGIN WITH CURRENT OR MOST RECENT EMPLOYER. DO NOT EXCLUDE ANY EMPLOYMENT. INCLUDE ANY APPLICABLE TEMPORARY EMPLOYMENT, ATTACH ANOTHER SHEET IF NECESSARY. IN CERTAIN CASES, PREVIOUS SALARIES OR WAGES MAY BE USED TO DETERMINE COMPENSATION AT ITR CONCESSION COMPANY).

COMPANY:	PHONE:	()
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPANY:	PHONE:	()
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPANY:	PHONE:	()
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.		

REFERENCES

PLEASE LIST THREE PERSONS,(WHO ARE NOT RELATED TO YOU OR PREVIOUS SUPERVISORS)
WHO CAN PROVIDE PROFESSIONAL REFERENCES.)

FULL NAME:		RELATIONSHIP:		YEARS KNOWN:	
COMPANY:		PHONE:	()	OCCUPATION:	
ADDRESS:					
FULL NAME:		RELATIONSHIP:		YEARS KNOWN:	
COMPANY:		PHONE:	()	OCCUPATION:	
ADDRESS:					
FULL NAME:		RELATIONSHIP:		YEARS KNOWN:	
COMPANY:		PHONE:	()	OCCUPATION:	
ADDRESS:					

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) IS CORRECT, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACTS IN SAID DOCUMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF THE TIMING OR CIRCUMSTANCES OF DISCOVERY.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED BY ITR CONCESSION CORPORATION LLC THAT SUCH EMPLOYMENT WITH ITR CONCESSION IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER ITR CONCESSION OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NONE OF THE DOCUMENTS, POLICIES, PROCEDURES, ACTIONS, AND STATEMENTS OF ITR CONCESSION OR ITS REPRESENTATIVES USED DURING THE EMPLOYMENT PROCESS IS DEEMED A CONTRACT OF EMPLOYMENT REAL OR IMPLIED. I UNDERSTAND THAT NO REPRESENTATIVE OF ITR CONCESSION EXCEPT THE C.E.O. HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING ANY CONDITIONS OF EMPLOYMENT OR ANY AGREEMENT CONTRARY TO THE FOREGOING STATEMENTS AND THAT ANY SUCH AGREEMENTS MUST BE MADE IN WRITING AND SIGNED BY THE C.E.O. OF ITR CONCESSION.

IN CONSIDERATION FOR EMPLOYMENT WITH ITR CONCESSION, IF EMPLOYED, I AGREE TO CONFORM TO THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF ITR CONCESSION AT ALL TIMES AND UNDERSTAND THAT SUCH OBEDIENCE IS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT DUE TO THE NATURE OF ITR CONCESSION'S BUSINESS, ATTENDANCE AND PUNCTUALITY ARE CONSIDERED ESSENTIAL REQUIREMENTS OF EVERY JOB AT ITR CONCESSION AND THAT POOR ATTENDANCE OR TARDINESS WILL RESULT IN DISCIPLINARY ACTION. I UNDERSTAND THAT IF OFFERED A POSITION WITH ITR CONCESSION, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION, DRUG SCREENING AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE PRE-EMPLOYMENT TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

I HEREBY AUTHORIZE ANY AND ALL SCHOOLS, FORMER EMPLOYERS, REFERENCES, COURTS AND AY OTHERS WHO HAVE INFORMATION ABOUT ME TO PROVIDE SUCH INFORMATION TO ITR CONCESSION AND/OR ANY OF ITS REPRESENTATIVES, AGENTS OR VENDORS AND I RELEASE ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGE THAT MAY RESULT FROM PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED CURRENT FOR THREE MONTHS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THIS PERIOD I MUST FILL OUT AND SUBMIT A NEW APPLICATION.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE:

DATE:

NAME AND NUMBER OF PERSON COMPLETING THIS FORM IF OTHER THAN APPLICANT: