

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

PERSONAL

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If yes, verification will be required.)

Are you of the legal age to work? _____ Position(s) applied for _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications that will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment stage.) _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High							<input type="checkbox"/> Yes* <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

List below present and past employment, beginning with your most recent

I.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

II.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

III.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

IV.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s): _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

1. Can you perform the essential functions of the job with or without a reasonable accommodation?
 - a. **Meter Collector or Meter Repairer or Supervisor thereof** – lift up to 100 pounds, push up to 150 pounds, walk 1 to 3 miles a day.
 YES _____ NO _____
 - b. **Maintenance or Supervisor thereof** – lift up to 100 pounds, push up to 200 pounds, carry and use hand tools, lawn equipment, walk behind a snow blower.
 YES _____ NO _____
 - c. **Parking Control Officer or Supervisor thereof** – walk 4 – 6 miles a day, bend and stoop up to 50 times a day, be outside in all weather elements.
 YES _____ NO _____
 - d. **Garage Attendant or Supervisor thereof** – walk up to ½ miles a day, bend and stoop 10-20 times a day, lift up to 20 pounds.
 YES _____ NO _____
 - e. **Clerk or Data Entry or Supervisor thereof** – sit at desk, perform data entry, answer telephone, wait on people at counter.
 YES _____ NO _____

2. Do you have a valid driver’s license? YES _____ NO _____
 If YES, from what State? _____ Your Drivers License Number _____
 Have you had any driving violations in the last 3 years? YES _____ NO _____
 If yes, explain: _____

3. Will you accept a: FULL TIME Position? YES _____ NO _____
 PART TIME Position? YES _____ NO _____
 TEMPORARY Position? YES _____ NO _____

4. Are there any shifts you cannot work? YES _____ NO _____
 If YES, please list those you **cannot** work: _____

5. What was your attendance record like at your past 2 places of employment?

6. Have you ever been convicted of a felony or misdemeanor? YES _____ NO _____
 If YES, when, where and what was the nature of the offense?

(Conviction of a crime does not necessarily exclude you from employment)

7. How did you learn about a position at the Authority?

CONSENT, RELEASE AND WAIVER

I hereby unconditionally provide my consent, for and on behalf of my heirs and assigns, for Allentown Parking Authority, its officers, directors, agents, affiliates and representatives (collectively the "Authority") to conduct an investigation of my employment, education, driving records, police records and credit history for the purposes of making an informed determination with respect to my employment application with the Authority. Further, I hereby release and agree to indemnify and hold harmless the Authority, and any and all other persons, educational institutions and/or other entities supplying such information, from any and all liability resulting from any such investigation. I understand and acknowledge that the Authority may obtain a consumer report or other information as a result of its investigation. I also understand and acknowledge that regardless of whether my employment with the Authority is probationary or nonprobationary, any negative history found or any false or intentionally misleading answer or statements made by me in my application for employment or other documents shall be considered sufficient cause for denial of employment or for termination after my employment with the Authority has commenced.

Additionally, I understand and acknowledge that nothing contained in my employment application, this Consent, Release and Waiver or in the granting and conducting of an interview by the Authority is intended to create an employment contract or relationship between the Authority and me for employment or for any other benefit. No promise or guarantee regarding employment has been made to me by the Authority, and I understand that no such promise or guarantee is binding upon the Authority unless it is made in writing and duly executed by the Authority. If the Authority decides to hire me, I understand that during the period in which I am a probationary employee as defined by the Authority, I would then be considered an at-will employee and, as such, I would have the right to terminate my employment and the Authority would have the right to terminate my employment, without notice, with or without cause.

The information I have furnished on this application is true and complete.

In Witness Whereof, and intending to be legally bound hereby, I execute this Consent, Release and Waiver this _____ day of _____, 20____.

Signed by: _____

APPLICANT

DATE

EQUAL EMPLOYMENT OPPORTUNITY DATA

The Allentown Parking Authority has a moral, as well as legal, commitment to provide equal employment opportunity and nondiscrimination in employment policies and practices on the basis of race, religion, color, sex, national origin, age or handicap. We are also required to make periodic reports based on these categories, and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information requested below.

This information will not be used in any way to evaluate qualifications for employment, or job performance. It will be used for statistical purposes only, and will be kept in a confidential file separate from the attached application for employment.

Thank you for your help in this matter.

NAME (please print) _____
Last
First
Middle

Please list maiden name (if applicable): _____

Please check where applicable (see reverse for explanation of categories)

<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Handicapped

Sex Male Female

Birth date: _____ Age: _____ Place of Birth: _____

Are you a Vietnam Era Veteran? Yes No

Are you a Disabled Veteran? Yes No

If yes, what is your VA Disability rating? _____ %

There are no clear-cut scientific definitions of race that can be used for these categories. For these reporting purposes, a person may be included in the group to which she or he appears to belong, identifies with, or is regarded in the community as belonging to. However, no person should check more than one race/ethnic category. General definitions are as follows:

- a. The category “White” (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- b. The category “Black” (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- c. The category “Hispanic”: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- d. The category “Asian or Pacific Islander”: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- e. The category “American Indian or Alaskan Native”: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

The definition to be used for “Handicapped” is as follows:

A handicapped individual is any person: Who has a physical or mental impairment which substantially limits one or more of the person’s major life activities; who has a record of such impairment.