

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	

*PROOF OF HIGH SCHOOL DIPLOMA REQUIRED AT TIME OF HIRING

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 _____

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