

Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application and sign at the end.

Date: _____

Applicant Information

Name (first, middle, last) _____

Phone Number: _____

Address (street, city, state, zip code) _____

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization)

Are you 18 years old? Yes No
(If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit)

Have you ever pleaded "guilty" or "no contest" or been convicted of a crime? Yes No
(If yes please explain 1. Nature of the crime, 2. Date of conviction, 3. State and county in which convicted. A conviction will not necessarily bar you from employment. You should not disclose any information regarding criminal records that have been sealed.)

Have you ever applied at this company before? Yes No If yes, when: _____

Have you ever worked for this company before? Yes No If yes, when: _____
Under what name: _____

Will you travel if your job requires you to? Yes No

Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirement for this position?
 Yes No N/A

Are you able to perform essential functions of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to extent permitted by law.*

Yes No Need more information about jobs essential functions to respond

Position Applying For

Part Time Full Time Desired Compensation: _____ Shift Preference: _____
When can you start? _____

How were you referred to the company? Agency Newspaper Walk-in
 School Internet Friend/Relative Other

Special Skills

1. If relevant, please describe word-processing speed, software knowledge, and office equipment experience.
2. If relevant, please describe experience using manufacturing machines and equipment.
3. Please list other valuable skills you possess that would be valuable to the company.

Education

<i>School</i>	<i>Name/Location</i>	<i># Years Attended</i>	<i>Subjects Studied</i>	<i>Degree/Diploma Received</i>	
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No
College				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate				Type: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify)				Type: <input type="checkbox"/> Yes	<input type="checkbox"/> No
				Type:	

Training Courses

List any relevant training programs completed.

Course/Seminar	Sponsoring Organization	Content	Date(s) Attended
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Required License (s)

If required to drive a motor vehicle for the job applying for, state your:

1. Driver License Number :
2. State Issued:
3. Expiration Date:

Are you licensed/have certifications which will assist in the job? Yes No

If yes, please explain:

Employment History *(Start with the most recent; use separate sheet if necessary)*

Name of Employer Telephone ()

Address of Employer Compensation Start End

Name of Immediate Supervisor

Job Title Employment Dates From To

Description of Duties

Reason for Leaving

If currently employed, may we contact as a reference? Yes No Later

Name of Employer Telephone ()

Address of Employer Compensation Start End

Name of Immediate Supervisor

Job Title Employment Dates From To

Description of Duties

Reason for Leaving

Name of Employer Telephone ()

Address of Employer Compensation Start End

Name of Immediate Supervisor

Job Title Employment Dates From To

Description of Duties

Reason for Leaving

Employment References *(List individuals familiar with your job qualifications; other than relatives or personal friends)*

Name: Day Telephone: ()

Address: Evening Telephone: ()

Relationship: Years Known:

Name: Day Telephone: ()

Address: Evening Telephone: ()

Relationship: Years Known:

Employment References *(Continued)*

Name: _____ Day Telephone: () _____

Address: _____ Evening Telephone: () _____

Relationship: _____ Years Known: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
6. **This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability , or any other protected status. Examples of prohibited harassment include but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate , or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**
7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant _____ Date _____

Thank you for your interest in the Erie Parking Authority.

