



Pittsburgh PARKING Authority

APPLICATION
An Equal Opportunity Employer

READ THE FOLLOWING INSTRUCTIONS CAREFULLY

ONLY THE INFORMATION THAT YOU PROVIDE ON THIS APPLICATION WILL BE CONSIDERED IN DETERMINING WHETHER YOU ARE QUALIFIED FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING.

This application form will not be returned to you. **Completed applications must be signed and sworn to before a Notary Public.** Any false statement will disqualify you from this appointment and possibly from future appointments with the Pittsburgh Parking Authority.

All applicants must be residents of the City of Pittsburgh at the time of filing the application unless otherwise stated on the recruitment announcement. Applications must be completely and correctly filled out in ink or on a typewriter. Incomplete applications will not be processed. You must clearly show that the minimum requirements for the position as posted on the job announcement are met. You may attach additional sheets to this application if necessary.

* A resume must be included with your application if one is required.

The Pittsburgh Parking Authority in conformity with applicable laws is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, sexual orientation, age, religion, national origin, handicap or disability.

Position Applying for: _____ DATE: _____

| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
|-----------|------------|----------------|------------------------|
| | | | - - |

PLEASE LIST ANY OTHER NAME(S) USED WHILE EMPLOYED: _____

STREET ADDRESS: _____

APARTMENT NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELLULAR PHONE: _____

EMPLOYMENT APPLICATIONS

The Pittsburgh Parking Authority considers applicants based on the qualifications and requirements of a particular position. Your application for employment will be given full consideration. Your employment history and skills are carefully evaluated. Your application is our main source of information concerning your qualifications. It is not possible to interview all applicants. We ask that you be as specific as possible when completing the application. Please feel free to add any information you consider to be helpful in our selection of the most qualified applicant. The Office of Municipal Investigations may perform a background check on an applicant.

LAST NAME: _____

FIRST NAME: _____

DATE: _____

PERSONAL DATA

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT). IF YES GIVE DETAILS.

YES NO

ARE YOU CURRENTLY OR WERE YOU PREVIOUSLY EMPLOYED BY THE CITY OF PITTSBURGH OR THE PITTSBURGH PARKING AUTHORITY?

YES NO * If YES, Position Title: _____ Department: _____

ARE YOU CURRENTLY EMPLOYED BY ANY OTHER GOVERNMENTAL UNIT, SUCH AS A SCHOOL DISTRICT, URA, HOUSING AUTHORITY, ETC.?

YES NO

ARE YOUR EMPLOYMENT, EDUCATION, OR MILITARY RECORDS UNDER ANOTHER NAME?

YES NO * If YES, GIVE COMPLETE NAME: _____

PENNSYLVANIA DRIVER'S LICENSE REGISTRATION NUMBER:

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ TELEPHONE: _____

EDUCATION

| | SCHOOL NAME & LOCATION | COURSE OF STUDY | DEGREE |
|--|------------------------|-----------------|--------|
| HIGH SCHOOL | | | |
| COLLEGE OR UNIVERSITY | | | |
| TECHNICAL, TRADE, PROFESSIONAL, MILITARY | | | |
| BUSINESS SCHOOL(S) | | | |
| LICENSES/CERTIFICATES | | | |
| OTHER | | | |

SKILLS

COMPUTER EQUIPMENT OPERATED:

COMPUTER SKILLS / SOFTWARE KNOWLEDGE:

OFFICE OR OTHER EQUIPMENT OPERATED:

WHAT KNOWLEDGE OR SPECIAL SKILLS, AND/OR INDIVIDUAL CAPABILITIES DO YOU HAVE WHICH ESPECIALLY PREPARES YOU FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING:

EMPLOYMENT HISTORY

LIST CURRENT AND PREVIOUS EMPLOYERS-MOST RECENT FIRST (VOLUNTEER/UNPAID SERVICES ARE ALSO ACCEPTABLE).

YOU MAY ATTACH ADDITIONAL SHEETS TO THIS APPLICATION IF NECESSARY, BUT BE SURE TO INCLUDE ALL REQUIRED INFORMATION ON THE ADDITIONAL SHEETS.

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| 1.) EMPLOYER'S NAME: | | | |
| DATES EMPLOYED: FROM: | TO: | FINAL SALARY: | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| SUPERVISOR'S NAME: | PHONE NUMBER: | | |
| REASON FOR LEAVING: | | | |
| JOB TITLES AND DUTIES (INCLUDE SPECIFIC SKILLS TO PERFORM DUTIES OUTLINED) | | | |
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|--|---------------|---------------|------|
| 2.) EMPLOYER'S NAME: | | | |
| DATES EMPLOYED: FROM: | TO: | FINAL SALARY: | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| SUPERVISOR'S NAME: | PHONE NUMBER: | | |
| REASON FOR LEAVING: | | | |
| JOB TITLES AND DUTIES (INCLUDE SPECIFIC SKILLS TO PERFORM DUTIES OUTLINED) | | | |
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|--|---------------|---------------|------|
| 3.) EMPLOYER'S NAME: | | | |
| DATES EMPLOYED: FROM: | TO: | FINAL SALARY: | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| SUPERVISOR'S NAME: | PHONE NUMBER: | | |
| REASON FOR LEAVING: | | | |
| JOB TITLES AND DUTIES (INCLUDE SPECIFIC SKILLS TO PERFORM DUTIES OUTLINED) | | | |
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