



**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 OR POSITIONS FOR WHICH YOU ARE CURRENTLY APPLYING.*

This application form will not be returned to you. 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 typed. 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 (creed), national origin (ancestry), marital status, military status, veteran's status, handicap or disability, gender identity and gender expression, transgender identity, and genetics in any of its activities or operations.*

<b>Position (s) Applying for:</b> 1. _____	<b>DATE:</b> _____
2. _____	

LAST NAME	FIRST NAME	MIDDLE INITIAL

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

STREET ADDRESS: \_\_\_\_\_

APARTMENT NUMBER: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOMEPHONE: \_\_\_\_\_ 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. A background check will be performed on each applicant.

## PERSONAL DATA

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

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:

DO YOU HAVE A CURRENT AND VALID PENNSYLVANIA DRIVERS LICENSE?

YES NO

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 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.

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)			

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)			

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)			

4.) 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)			

5.) 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)			

I do solemnly swear (or affirm) that this application form contains no misrepresentations or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that all statements made by me on this application are subject to later investigation. I am aware that should such investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and if already appointed, I may be dismissed from my position.

I authorize the Pittsburgh Parking Authority to investigate and verify any information contained in my application for employment including, but not limited to, prior work, education records and criminal history. I further authorize any past or present employer, any law enforcement agency or any school to release any and all information about me contained in their records to the Pittsburgh Parking Authority.

I hereby release any past or present employer, any law enforcement agency, any school, and any or all of their employees from any liability in furnishing such information to the Pittsburgh Parking Authority.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Please save this completed signed PDF form on to your computer. Attach and email this PDF and any other documents (if required) to [jobs@pittsburghparking.com](mailto:jobs@pittsburghparking.com). Thank you for submitting this application.**

