

East Orange Parking Authority

(An Equal Opportunity Employer)

APPLICATION FOR EMPLOYMENT

Application Information

Last Name: _____ First _____ M.I. _____ Date: _____

Address: _____ Apt. No. _____ Years at Address _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell: _____ E-mail address: _____

Are you a U.S. Citizen: Yes _____ No _____ If no, are you authorized to work in the U.S.? Yes _____ No _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status- Married: _____ Single: _____ Separated: _____

Do you have a valid New Jersey License? Yes _____ No _____ If yes, Do you have any points? _____

Driver's License ID #: _____

Have you had any illnesses or injury in the past 5 years? Yes _____ No _____ If yes was any of the injuries job related? Yes _____ No _____ If yes describe below:

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain below

Would you work Full-Time: Yes: _____ No: _____ and or Part-Time: Yes _____ No _____ Specify below No. of Days and Hours you are available: _____

When will you be available for work?: Immediately _____ Other: _____

Position you are applying for: Parking Authority Officer: _____ Maintenance: _____ Other: _____

List any additional experiences, skills or qualification which you feel would especially fit you for work with the City of East Orange (Parking Authority): (Attach Resume if available)

Were you ever in the Armed Forces? Yes _____ No _____ Present Classification _____
Dates of Duty: From _____ To _____ Rank at Discharge: _____ If yes,
Describe: _____

Have you ever been bonded? Yes _____ No _____ If yes, on what jobs: _____

RECORD OF EDUCATION

SCHOOL _____ NAME AND ADDRESS OF SCHOOL _____ MAJOR AREA OF STUDY _____ YEARS OF STUDY _____
High School _____
College / Other (Specify) _____

PREVIOUS EMPLOYMENT

<u>Name of Business</u>	<u>Address</u>	<u>Supervisor</u>	<u>Position</u>	<u>Dates of Employment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May we contact employees you have listed: Yes _____ No _____

REFERENCES (List 3) *Do not include relatives*

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Name: _____ Phone Number # _____
Address: _____
City: _____

I, hereby acknowledge that the facts set forth in my application for employment to the best of my knowledge, are to the best of knowledge, true and accurate, I understand that, if employed false statements made knowingly on said application will be considered sufficient. Cause for dismissal. I further authorize the employer to make a complete police investigation for records of any criminal convictions I may have incurred and to contact former employer as previously mentioned. Also I will agree to submit to the required drug testing, physical, psychological examinations upon employment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Hired: _____ Starting Date: _____
Starting Salary: _____
Title: _____
Authorizing Head: _____ Date: _____

Federal Drivers' Privacy Protection Plan
Authorization to Obtain Motor Vehicle Report

For the sole purpose of determination and evaluation of my motor operating record and pursuant to the State and Federal regulations of compliance, I

(Name of Employee) _____

authorize (name of agency) _____

to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through (name of State) _____ State Department of Motor Vehicles.

I also authorize release of this information to my employer (or proposed employer), understanding that any information obtained may result in adverse employment action if verified.

Signature of Employee

Social Security number

Driver's License Number

State

Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip Code _____

Date Signed _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations, and driver status.

East Orange Parking Authority
Employment Reference Check

Candidate, do **NOT** complete these questions! Please read and sign **ONLY** at the bottom.

Name of Candidate: _____ Date: _____
Name of Firm: _____ Phone# _____
Address: _____

Position held: _____

Date Employment begins: _____
Date Employment ended: _____
Reason for separation: _____

Work performance: Excellent _ Above Average _ Good _ Poor _
Attendance Excellent _ Above Average _ Good _ Poor _

Relationship with Co-worker: _____

Strength: _____

Would Company re-hire? Yes _____ No _____

If No please explain: _____

Information supplied by _____
Name Title Date

Signature

I hereby authorized all my employees and references to furnish any information concerning my personal characters, habits and/or employment history to East Orange Parking Authority.

Name _____ Signature _____ Date _____