



Albany Parking Authority
25 Orange Street, Albany, NY 12207-2224 · (518) 434-8886

Employment Application

Date: _____

Applicant Information

Position Applied for: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary _____

Emergency Contact Information

In case of emergency, please notify:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Additional Questions

Are you legally eligible to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have friends or relatives who currently work for the APA? YES NO If yes, list names: _____

Are you available to work overtime if needed? YES NO

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Please list three professional or personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Starting with your current or last employer, list **all** jobs you have held in the past five years, including full-time, part-time and secondary positions. Explain any unemployed periods.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Job # 2

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

Job # 3

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

Note: If you need to list additional jobs, please use the other side of these pages.

Motor Vehicle Licensing

Do you hold a valid driver's license? YES NO

Please provide license number,
state of issue and expiration date: _____

Do you have any traffic violations pending? YES NO

If yes, please explain: _____

Has your driver's license been revoked,
suspended or cancelled in the past five years? YES NO

If yes, please explain: _____

In the last five years, have you been convicted of any of the following traffic law violations:
a) Operating a vehicle under the influence of an intoxicant, controlled substance or other drug?
b) Reckless driving? c) Hit and run? d) Operating a vehicle after suspension or revocation of driver's license? e) Eluding a police officer?

YES NO

If yes, provide type of offense(s) and date of occurrence(s). _____

In the last five years, have you been convicted of any of the following traffic law violations:
a) Operating a vehicle under the influence of an intoxicant, controlled substance or other drug?
b) Reckless driving? c) Hit and run? d) Operating a vehicle after suspension or revocation of driver's license? e) Eluding a police officer?

YES NO

If yes, provide type of offense(s) and date of occurrence(s). _____

Disclaimer and Signature

I certify and understand that all the statements and information on my application for employment are correct and no attempt has been made to conceal or withhold pertinent information in any section of the application. I agree that any omission, falsification or misrepresentation is cause for immediate termination at any time during my employment.

I hereby authorize investigation of any and all statements on this application with no liability arising therefrom. Should the Albany Parking Authority need to conduct investigation of this information during my employment for internal security purposes, I also authorize those investigations with no liability arising therefrom.

I will abide by all rules, regulations and policies of the Albany Parking Authority.

I agree to allow the Albany Parking Authority to obtain background information which may include any lawful investigation of my educational background and criminal, driving, credit, and employment histories as well as any other verifications deemed appropriate. At the option of the Albany Parking Authority, I agree to physical examination and drug screening by a physician chosen by the Albany Parking Authority, with the understanding that my employment with the Albany Parking Authority depends on passing any required medical examinations and screenings.

I understand that a probationary period of at least ninety (90) working days will be in effect in the event employment is offered.

Signature: _____ Date: _____

Print Name: _____

NOTIFICATION AND AUTHORIZATION FOR PROCUREMENT OF CONSUMER REPORTS

The purpose of this release is to allow the **ALBANY PARKING AUTHORITY**, (referred to as "Company"), Application Researchers, LLC, or their assigns, to obtain background information which may include any lawful investigation of my educational background and criminal, driving, credit, and employment histories as well as any other verifications deemed appropriate, while maintaining compliance with all governmental laws.

In accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., I am aware I have the right to make a written request of Application Researchers, LLC, Post Office Box 11, Chattanooga, Tennessee 37401-0011, (800) 865-5272, to obtain additional information regarding the nature and scope of the background check, as well as receive a written summary of my rights under the Fair Credit Reporting Act.

If the Company considers the background checks unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, its officers, agents, and employees from all liability resulting from the collection, use, or disclosure of the information obtained during the above investigation. I authorize without reservation any party or agency contacted by this Company or its representatives to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for employment is being considered or throughout the duration of my assignment in the event that I am a current Company employee.

I certify that the information set forth below is complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above investigation and understand that this information is being used for verification purposes only.

PLEASE PRINT

APPLICANT'S NAME:

FIRST: _____ MIDDLE: _____ LAST: _____

LIST ANY OTHER NAMES USED (nicknames, maiden/ married last names): _____

DATE OF BIRTH: _____ - _____ - _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE: STATE _____ NUMBER _____

LIST ALL CITIES/STATES IN WHICH YOU HAVE RESIDED AND WORKED IN THE LAST FIVE YEARS:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

SIGNATURE OF APPLICANT

DATE: _____