



THE PARKING AUTHORITY OF THE CITY OF CAMDEN

10 Delaware Avenue
Camden, New Jersey 08103
Tel. (856) 757-9300 Fax (856) 964-9317

Employment Application ON CALL AND SEASONAL POSITIONS ONLY

PLEASE TYPE OR PRINT

Applicant Information:

Name (Last, First, Middle): _____ / _____ / _____
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Phone (Home): () _____ (Cell/Other): () _____
Emergency Contact Name: _____ Phone: () _____
Social Security Number: _____ - _____ - _____

Position applied for: _____

Have you ever applied for a position at the Parking Authority of the City of Camden before? ___ Yes
___ No If yes, give date _____

Date you can start: _____ Salary desired: _____

Are you available to work: _____ Full time _____ Part time _____ Seasonal/Temporary

Are you currently employed? ___ Yes ___ No May we contact you at work? ___ Yes ___ No

May we contact your current employer? ___ Yes ___ No

Are you currently on layoff status and subject to recall? ___ Yes ___ No

Do you possess a current driver's license? ___ Yes ___ No

Do you possess a current commercial driver's license? ___ Yes ___ No

If you are under eighteen years of age, can you provide proof of eligibility to work? ___ Yes ___ No

Are you legally eligible to work in the United States of America? ___ Yes ___ No
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offense? ___ Yes
___ No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Start Date:	End Date:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Start Date:	End Date:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Start Date:	End Date:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Start Date:	End Date:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Parking Authority of the City of Camden, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment, if the Parking Authority of the City of Camden later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Parking Authority of the City of Camden the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Parking Authority of the City of Camden the right to secure additional job-related information about me. I release the Parking Authority of the City of Camden and its representatives from all liability for seeking such information. I understand that the Parking Authority of the City of Camden is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Parking Authority of the City of Camden will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Parking Authority of the City of Camden may terminate me at any time in accordance with its established policies and procedures. No representatives of the Parking Authority of the City of Camden may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. I understand and agree that if hired, my employment is "on-call and seasonal only" and may be terminated regardless of the date of payment of wages and salary, be terminated at any time without prior notice and without cause.

For your application to be considered, you must sign and date below.

Applicant's Signature _____ Date _____