

BIRMINGHAM PARKING AUTHORITY

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	* Cell	* E-mail	
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Are you over the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/> If not can you provide a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have family that works for the BPA? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If so, who and what position do they hold?			
If hired would you have transportation to/from work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
How did you hear about us?			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Vocational		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

* OPTIONAL INFORMATION NOT REQUIRED

PREVIOUS EMPLOYMENT

Please list your last three employers starting with the most recent first.

Company		Phone ()
Address Line 1		Supervisor
Address Line 2		
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone ()
Address Line 1		Supervisor
Address Line 2		
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone ()
Address Line 1		Supervisor
Address Line 2		
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

PERSONAL REFERENCES

Please list two personal references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

WORK AVAILABILITY

Please list the hours you are available to work on the days listed below. We are a company that works 24 hours a day 7 days a week at some locations. Evenings and night shifts will be required.

Weekday	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

ADDITIONAL INFORMATION

State any additional information that you feel may be helpful to us in considering your application.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
-----------	--	------	--

Disclosure and Authority to Release Information

I understand that in processing my application with Birmingham Parking Authority an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted YES NO

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Birmingham Parking Authority and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

If employed in Minnesota, California, or Oklahoma;

I would like a copy of any report regarding me. YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name

Legal First Name

Legal Middle Name

Street Address

City

State

Zip Code

Please list any additional cities, states and zip codes you have lived in during the past 7 years:

Other Names Used:

Drivers License Number

State Issued

Expiration Date

Date of Birth

(To be used for background information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature

Social Security Number

Date

Biographical Data Sheet for Birmingham Parking Authority

PLEASE READ! As part of your background investigation with Birmingham Parking Authority, you must complete this form for the last *SEVEN YEARS* for both residences and your past employment. If you need an additional sheet, please ask. PLEASE PRINT CLEARLY IN BLACK INK! Illegible handwriting will only slow process. The request for Date of Birth is for permissible purpose and not for purposes proscribed by the law prohibiting age discrimination. The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire, discharge, or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

NAME _____ MAIDEN NAME _____

ALIAS _____ YEARS USED _____ ALIAS _____ YEARS USED _____

PHONE _____ DOB _____ SSN _____

DRIVER LICENSE NO _____ STATE _____ I.D. NO _____ STATE _____

Have you ever pled guilty, no contest, been given deferred adjudication, or been found guilty of a crime? YES ___ NO ___

CITY _____ COUNTY _____ STATE _____ YEAR _____

RESIDENCES (Starting with current)

ADDRESS:	STREET	APT	CITY	STATE	ZIP	HOW LONG?
ADDRESS:	STREET	APT	CITY	STATE	ZIP	HOW LONG?
ADDRESS:	STREET	APT	CITY	STATE	ZIP	HOW LONG?
ADDRESS:	STREET	APT	CITY	STATE	ZIP	HOW LONG?