

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN RESOURCES**

PERMISSION TO INVESTIGATE

To Whom It May Concern:

I _____, have made application for a position with Allegheny County, Pennsylvania. I do hereby authorize Allegheny County to conduct an investigation into all phases and aspects of my character and background as they may relate to the position for which I am applying. Further, I waive my rights to privacy and release all individuals and organizations from any and all liability relative to this investigation, and hereby permit the release of all records and information as they may relate to the position for which I am applying.

Please be advised that the provisions of the Fair Credit Reporting Act may be applicable if a consumer report or investigative consumer report is obtained for you for employment purposes. The scope of such reports may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history; including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I understand that if any adverse action is to be taken based upon a consumer report or investigative consumer report, I will be provided a copy of the report and a copy of my rights pursuant to the Fair Credit Reporting Act.

Date

Signature of Applicant

***IF THE APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE, HIS/HER
PARENT/GUARDIAN MUST EXECUTE THIS FORM ON HIS/HER BEHALF, BELOW:***

Date

Signature of Applicant's Parent/Guardian

Name (print): _____

Relationship: _____

I authorize that a photocopy or other electronic copy of this authorization be accepted with the same authority as the original.

Last Name: _____

First Name: _____

Middle: _____

Other names used (including Maiden): _____

Social Security Number: ____ - ____ - ____

Date of Birth: ____ - ____ - ____
 MO. Day Year

Current Address: _____

If you have lived outside of Pennsylvania during the past 10 years, please list all addresses during that period. (Attached a separate sheet if necessary.) _____

For Department of Human Resource Use Only					
Prospective Hire			Reference Check		
Prospective Volunteer			Employment Verifcation		
Promotion			Motor Vehicle Record		
Transfer			Credit History		
Periodic Check			Licence/Credentials Check		
			Criminal History		
Position Title:			Act 33/34		
Department:			Other:		

ALLEGHENY COUNTY
DEPARTMENT OF PARKS

NAME _____

Please answer the following questions, and then have a physician complete the bottom of this form. When it is completed, please bring it with you to the test.

NO TESTS WILL BE ADMINISTERED WITHOUT A DOCTOR'S CERTIFICATION!

1. Have you had surgery in the past twelve months? _____

If yes, please explain: _____

2. Have you ever had a skin biopsy? _____

If yes, date and results: Date _____, _____

3. Have you ever had heat stroke? _____, heat exhaustion? _____

PHYSICAL EXAMINATION FORM

Please be sure to check the following items during physical:

1. GENERAL: _____

2. EYES: _____

3. EARS: _____

4. HEAD AND NECK: _____

5. HEART: _____

6. CHEST AND LUNGS: _____

7. BLOOD PRESSURE: _____

8. BACK: _____

9. NERVOUS SYSTEM: _____

10. DERMATOLOGY EXAM (Please check for unusual growths and discoloration):

11. OTHER: _____

IN YOUR OPINION, IS APPLICANT PHYSICALLY CAPABLE OF
PERFORMING LIFEGUARD DUTIES? _____ REMARKS: _____

QUALIFIED () NOT QUALIFIED ()

Date: _____ Signature: _____ M.D.

Physician office phone number: () _____ - _____

**ALLEGHENY COUNTY
DEPARTMENT OF PARKS**

Please complete the following form along with the Summer Employment Application.
This information will help in speeding up the hiring process.

NAME _____

ADDRESS _____
STREET CITY STATE ZIP

HOME TELEPHONE # () _____ - _____, CELL PHONE # () _____ - _____

E-MAIL ADDRESS _____

What type of lifeguard certification do you have (Red Cross, YMCA, or other)? _____

Where and when did you receive your most current life guarding certification?

LOCATION _____ DATE RECEIVED _____ - _____ - _____

What type of C.P.R. certification do you have (Red Cross, other?) _____

_____ DATE RECEIVED _____ - _____ - _____

How many years have you been a lifeguard? _____

Have you ever worked as a County lifeguard? _____ If yes, please give

location and date(s). _____

If you have not worked for the County, do you have lifeguarding experience? _____

If yes, please give location and date of employment. _____

Do you have any other certifications or skills that would aid you in fulfilling your duties

as a County lifeguard (use back if necessary)? _____

**I HEREBY STATE THAT ALL INFORMATION IS TRUE TO THE BEST OF MY
KNOWLEDGE.**

SIGNATURE _____ DATE _____



ALLEGHENY COUNTY SEASONAL EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER*

PLEASE TYPE OR PRINT IN INK

POSITION _____ DATE _____

Name _____
Last First Middle

Present Address _____
Number & Street City State Zip

County _____

Borough/Township _____ E-mail _____

Home Telephone (____) _____ Other Telephone (____) _____

Do you have a legal right to work in the United States? Yes ☐ No ☐
(If offered employment, you will be required to provide documentation to verify authorization to work in the United States).

Location preference: (Number in order of preference – no guaranteed location)

Downtown____South Park____Settler’s Cabin Park____Hartwood Acres ____North Park____Boyce Park____Round Hill Park____

Other_____

Position Preference: (Number in order of preference - no guaranteed position)

Attendant/Cashier____Nature Aide____Recreation Aide____Tour Guide____Lifeguard____

Office/Clerical: Can you type? Yes____No____ If yes, approximate words per minute____

Date you are available for work:_____

Which of the following are you able to work? (check all that apply)

☐ Overtime ☐ Shifts ☐ Rotation

Note: Acceptance of seasonal employment does not imply eventual full-time status.

Recreation Instructor____Lifeguard____*

*If applying for lifeguard – Check all certifications achieved and note the expiration date.

Advanced Lifesaving_____ Advanced First Aide _____ CPR_____ CPR Instructor_____

Multi-Media First Aide_____ First Aide Instructor _____ WSI_____ Basic First Aide_____

EDUCATION

	Name and Location	Graduate Yes/No	Diploma/Degree/ GED/Certification No. of Credits	Course/Major
High School				
College/University				
Business/Trade/ Technical				
Nursing/Medical				
Graduate Work or Other (Incl. Military)				

Describe and attach any relevant or required licenses or certifications. (Include issuer, identification number, expiration date, etc.)

*Allegheny County does not discriminate against anyone on the basis of a protected class including: race; color; religion; national origin; sex; gender identity or expression; sexual orientation; disability; age; or any other basis protected by federal, state or local law.

List names of all relatives who are currently working for Allegheny County.

Name	Relationship	Department
_____	_____	_____
_____	_____	_____

Are you currently employed or have you ever been employed by Allegheny County? Yes ☐ No ☐

If yes, Position Title _____	Department _____
Dates of employment _____	Reason for leaving _____

Are you currently employed by any other governmental unit, such as a school district, borough, housing authority, etc.?

Yes ☐ No ☐ If yes, explain: _____

Are you currently holding any public office? Yes ☐ No ☐

If yes, explain: _____

Have you ever been bonded? If yes, for what job(s)? _____

EMPLOYMENT – Start with Present or Most Recent Employer. Include additional sheets if necessary.

(Month/Year) From: To:		Employer’s COMPLETE Name	
Business Type		Employer’s COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>			
Position Title and Duties (Describe in detail.)			
		Salary: Starting	Final
Supervisor’s Name & Title		Supervisor’s Phone Number	Reason for Leaving
(Month/Year) From: To:		Employer’s COMPLETE Name	
Business Type		Employer’s COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>			
Position Title and Duties (Describe in detail.)			
		Salary: Starting	Final
Supervisor’s Name & Title		Supervisor’s Phone Number	Reason for Leaving

IMPORTANT!!!

As part of the application process, all applicants under 18 years of age are required to submit along with their completed application for seasonal employment an Employment Certificate or Transferable Work Permit. Minors should contact their local school district for instructions.

CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, information and belief. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE _____ DATE _____

How did you hear about this position?

<input type="checkbox"/> County Website	<input type="checkbox"/> Job Fair_____	<input type="checkbox"/> Newspaper_____
<input type="checkbox"/> County Employee	<input type="checkbox"/> College/University/Business or other school_____	
<input type="checkbox"/> CareerLink	<input type="checkbox"/> Monster.com	
<input type="checkbox"/> Other: (Please specify.)_____		

**Allegheny County does not discriminate against anyone on the basis of a protected class including: race; color; religion; national origin; sex; gender identity or expression; sexual orientation; disability; age; or any other basis protected by federal, state or local law.*

ADDITIONAL APPLICATION FORM

This additional form is an important part of your application. Please fill it out completely.

The information requested on this form is needed for statistical purposes and will be used in accordance with federal, state, and local regulations. This form will be processed separately from your application and will be maintained by the Department of Human Resources. It will not be sent to the hiring department. ***Completion of this form is voluntary.***

Position: _____

Date: _____

Date of Birth: _____

Gender:

☐ Male

☐ Female

Race:

☐ Black

☐ American Indian or
Alaskan Native

☐ Hispanic

☐ White

☐ Asian or Pacific Islander

If you require assistance or an accommodation during the selection process due to a disability, please call the Department of Human Resources at (412) 350-6830.