



PARKS SEASONAL APPLICATION
*AN EQUAL OPPORTUNITY EMPLOYER**

PLEASE TYPE OR PRINT IN INK

DATE _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

County _____ Borough/Township _____

E-mail _____ Phone (____) _____

Do you have a legal right to work in the United States? Yes No

Are you age 18 or older? Yes No

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.

Location Preference:

Position Preference:

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 _____

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 _____

**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.

**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.

