Application Revised 11/30/2021

ALLEGHENY COUNTY
ALWAYS INSPIRING

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

☐ Hispanic

☐ White

☐ American Indian or Alaskan Native

☐ 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

NOTICE OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT AND 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, credit worthiness, credit standing, credit capacity, general reputation, personal characteristics and mode of living as they relate to the position for which I am applying for the purpose of serving as a factor in establishing my eligibility for employment. I understand the scope of the investigation 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; medical records and information and any other public records.

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.

By signing this notice, I acknowledge receipt of this notice and A Summary of Your Rights Under the Fair Credit Reporting Act and I certify that I have read this disclosure. Furthermore, I authorize the obtaining of consumer reports and/or investigative consumer reports at any time after receipt of this authorization and throughout the course of my employment, if hired. The scope of this notice and my authorization is not limited to the present and, if hired, will continue throughout the course of my employment and allows Allegheny County to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by me in writing.

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.

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.

_____ _____(Hand signature needed.)

Date Signature of Applicant

IF THE APPLICANT IS <u>UNDER EIGHTEEN (18) YEARS OF AGE</u>, A PARENT/GUARDIAN MUST EXECUTE THIS FORM ON THEIR BEHALF, BELOW:

_____ _____(Hand signature needed.)

Date Signature of Applicant's Parent/Guardian

Parent 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):		
Driver's License Number (if applicable):		State Issuing License:
CDL License Number (if applicable):		
Social Security Number:_____ - _____ - _____		Date of Birth: ____/____/_____
Current Address:		

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

Electronic Signature Consent Form

To increase efficiency, diminish costs and provide for a better user experience, Allegheny County will seek to use electronic signatures when appropriate. Therefore, please complete the following and return the original form to the Allegheny County Department or Office that provided you the conditional offer of employment.

By signing below, I consent to sign documents electronically and agree that any document I sign electronically during the preboarding process, and if hired, during the onboarding process and throughout the course of my employment with Allegheny County, will have the legal equivalent of my handwritten signature. I understand my electronic signature is as valid as if I signed the document in writing.

I understand I have the right or option to have documents made available to me in non-electronic form upon request.

I understand I can withdraw this consent at any time by submitting a request in writing to:

Allegheny County Department of Human Resources
920 City County Building
414 Grant Street
Pittsburgh, PA 15219

I also agree that no certification authority or other third-party verification is necessary to validate my electronic signatures, and that the lack of such certification or third-party verification will not in any way affect the enforceability of my electronic signature.

_____
Name (Please Print)

_____
Signature

_____
Date

LAURA J. ZASPEL, DIRECTOR
DEPARTMENT OF HUMAN RESOURCES
920 CITY-COUNTY BUILDING • 414 GRANT STREET • PITTSBURGH, PA 15219
PHONE (412) 350-6830 • FAX (412) 350-5230
WWW.ALLEGHENYCOUNTY.US