



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.*

EMPLOYMENT HISTORY – 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		Full-time	
		Internship	
Position title and Duties (Describe in detail.)			
Salary Starting: _____ Final: _____		Reason for Leaving	
Supervisor's Name & Title:		Supervisor's Phone Number	

(Month/Year) From: _____ To: _____		Employer's COMPLETE Name	
Business Type:		Employer's COMPLETE Address	
Part-time		Full-time	
		Internship	
Position title and Duties (Describe in detail.)			
Salary Starting: _____ Final: _____		Reason for Leaving	
Supervisor's Name & Title:		Supervisor's Phone Number	

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 _____

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.

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 Verification		
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 HUMAN RESOURCES**

**DISCLOSURE REGARDING INVESTIGATIVE CONSUMER REPORTS
FOR EMPLOYMENT PURPOSES**

Allegheny County may request an investigative consumer report about you for employment purposes. An investigative consumer report may include information about your character, general reputation, personal characteristics, or mode of living, and may involve personal interviews with individuals who you know.

If and when an investigative consumer report is requested, you will be provided with a separate disclosure identifying the consumer reporting agency and its contact information before the report is obtained.

You have the right, upon written request and within a reasonable period of time, to receive a written summary of the nature and scope of any investigative consumer report obtained about you.

You have the right to request a written summary of your rights under the Fair Credit Reporting Act.

Authorization

I authorize Allegheny County to obtain investigative consumer reports about me for employment purposes, including hiring, promotion, retention, and reassignment, and this authorization remains effective during my employment to the extent permitted by law.

Date

Signature of Applicant/Employee

*IF THE APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE, A
PARENT/GUARDIAN MUST EXECUTE THIS FORM ON THEIR 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.

This page is intentionally left blank

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN RESOURCES**

**DISCLOSURE REGARDING CONSUMER REPORTS FOR
EMPLOYMENT PURPOSES**

Allegheny County may obtain a consumer report about you for employment purposes. A consumer report may include information about your credit history, criminal history, or other information bearing on your character, general reputation, personal characteristics, or mode of living, as permitted by law.

This disclosure is provided in accordance with the Fair Credit Reporting Act.

Authorization

I authorize Allegheny County to obtain consumer reports about me for employment purposes, including hiring, promotion, retention, and reassignment, and this authorization remains effective during my employment to the extent permitted by law.

Date

Signature of Applicant/Employee

*IF THE APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE, A
PARENT/GUARDIAN MUST EXECUTE THIS FORM ON THEIR 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.

This page is intentionally left blank.

**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: () _____ - _____

