



## Application for Employment

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_

Position applying for \_\_\_\_\_

Driver's License # \_\_\_\_\_

Social Security Number # \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Have you ever used another name? \_\_\_\_ Yes \_\_\_\_ No

If so, please state the name(s) and when and where it was used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

List previous addresses for the past 5 years

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Have you ever been employed with the NPA in the past? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state when and in what capacity: \_\_\_\_\_

\_\_\_\_\_



Are you employed now?  Yes  No

If yes, may NPA contact your current employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Salary Requirement \$ \_\_\_\_\_

Are you available to work  Full-Time  Part-Time

Have you ever plead guilty to or been found guilty of a felony offense or a crime of dishonesty?

Yes  No

If yes, please explain:

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- ✓ ***Employment is conditional upon the results of a criminal background check. An answer of Yes may disqualify you from employment depending upon the circumstances involved. If Yes, please provide details below, including the felony(s) convicted of or which you plead guilty to, the date of the crime/incident, the date of the conviction and/or guilty plea, where the felony occurred and the detailed circumstances of the felony.***

Have you ever plead guilty or been found guilty of a disorderly persons offense or a petty disorderly persons offense?  Yes  No

If yes, please explain:

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- ✓ ***Employment is conditional upon the results of a criminal background check. An answer of Yes may disqualify you from employment depending upon the circumstances involved. If yes, please explain below, including the specific crime at issue, the date of the incident, the date of the conviction and/or guilty plea, where it occurred and the detailed circumstances of the crime.***



**Employment Experience:**

Start with your present or last job.

Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Position \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor's Name & Telephone No. \_\_\_\_\_

May we contact for reference? \_\_\_\_ Yes \_\_\_\_ No

Work performed \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor's Name & Telephone No. \_\_\_\_\_

May we contact for reference? \_\_\_\_ Yes \_\_\_\_ No

Work performed \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor's Name & Telephone No. \_\_\_\_\_

May we contact for reference? \_\_\_\_ Yes \_\_\_\_ No

Work performed \_\_\_\_\_



<b><u>Education</u></b>			
<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>ADDRESS</b>	<b>MAJOR, DEGREE, &amp;/or CERTIFICATE</b>
<b>High School</b>			
<b>College</b>			
<b>Business, Trade or School</b>			

**Military Experience**

Have you served in the Military? \_\_\_\_ Yes \_\_\_\_ No

If yes, what branch? \_\_\_\_\_

Dates of Service \_\_\_\_\_ Honorable discharge? \_\_\_\_ Yes \_\_\_\_ No

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Indicate languages you speak, read and/or write. \_\_\_\_\_



**Special Skills & Experience:** State any special skills, experience, training, licenses, certifications and/or other factors that make you especially qualified for the position for which you are applying.

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List any professional, trade, business and/or civic activities and/or offices held.

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Please list any comments and additional information about yourself that we should consider

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**References:** Please provide information for 3 individuals that are not relatives and not former employers/supervisors:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

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Years known \_\_\_\_\_ Relation \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

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Years known \_\_\_\_\_ Relation \_\_\_\_\_

Telephone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

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Years known \_\_\_\_\_ Relation \_\_\_\_\_

Telephone Number \_\_\_\_\_



**Understandings & Agreements:**

*As an applicant for a position with the Newark Parking Authority, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any of the information provided is not complete, true and accurate. If hired, I understand that I may be separated from employment if the NPA later discovers that information on this form was incomplete, untrue and/or inaccurate. I give the NPA the complete right to investigate the information I have provided and talk with former employers (except where I have indicated that they may not be contacted). I give the NPA the complete right to secure additional job-related information about me. I release the NPA and its' representatives (officers, employees, designees, representatives, officials and assigns) from any and all liability for seeking such information. I understand that the NPA is an equal- opportunity employer and does not discriminate in it's hiring practices. I understand that the NPA will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the NPA may terminate me at any time in accordance with its established policies and procedures. No representatives of the NPA may make any assurances to the contrary. I understand that any offer of employment may be subject to and conditioned upon the successful completion/approval of job-related medical, physical, drug, alcohol and/or psychological tests.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Conditions of Employment:**

*Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check, drug and alcohol tests. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug and alcohol testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs, the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## For Human Resources Use Only

Position applying for \_\_\_\_\_

Arrange Interview                      Yes \_\_\_\_\_      No \_\_\_\_\_

Remarks:

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Employed:      Yes \_\_\_\_\_      No \_\_\_\_\_      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

By: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

