

PHILADELPHIA PARKING AUTHORITY

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONNEL DATA SUMMARY

TYPE OR PRINT IN INK (If additional space is needed, use 8-1/2" x 11" sheet)

PLEASE COMPLETE BOTH SIDES	POSITION APPLIED FOR	MINIMUM SALARY TO YOU
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1. LAST NAME	FIRST NAME	MIDDLE INITIAL	2. SOCIAL SECURITY NUMBER	3. TELEPHONE NUMBER
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4. ADDRESS — STREET, R.D.	CITY	COUNTY	STATE	ZIP CODE
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5. ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	6. HOW LONG A RESIDENT OF PA?	7. DO YOU HAVE A PA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	7A. Driver's ID No. _____ State _____
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8. ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME <input type="checkbox"/> YES <input type="checkbox"/> NO	8A. IF ITEM 8 IS "YES" LIST NAME HERE	9. MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE DISCHARGE: PERIOD:
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10. EDUCATIONAL RECORD (CHECK HIGHEST GRADE OF SCHOOLING)

1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 5 P.G.

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	DATES ATTENDED	SEM. CREDITS	DATES GRAD.	DIPLOMA OR DEGREE	MAJOR SUBJECTS OR COURSES
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE OR PROFESSIONAL					

OTHER SCHOOLING (SPECIFY)

12. DO YOU HAVE A RELATIVE(S) EMPLOYED HERE? YES NO If "YES", list name(s) here

13. LIST ANY PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG (DO NOT LIST ANY ORGANIZATION THAT WOULD REVEAL YOUR RACE, COLOR, RELIGIOUS CREED OR NATIONAL ORIGIN.)

14. LIST ANY OTHER TRAINING AND EXPERIENCE YOU HAVE THAT YOU BELIEVE PARTICULARLY APPLICABLE TO THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.

15. A. LIST OFFICE MACHINES YOU OPERATE	B. TYPING WPM	C. DICTATION WPM	D. OTHER
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16. EMPLOYMENT RECORD LIST YOUR COMPLETE EMPLOYMENT RECORD INCLUDING PERIOD OF UNEMPLOYMENT STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS. (INCLUDE PAID EMPLOYMENT, VOLUNTEER OR UNPAID WORK AND MILITARY SERVICES WHICH IN YOUR OPINION HELPS TO QUALIFY YOU FOR THE JOB YOU WANT.)

A. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND TITLE OF IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT From _____ To _____		NO. HOURS WORKED EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES

NO. EMPLOYEES SUPERVISED (BY POSITION TITLE)

B. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
	DATES OF EMPLOYMENT From _____ To _____		NO. HOURS WORKED EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES

NO. EMPLOYEES SUPERVISED (BY POSITION TITLE)

B. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
	DATES OF EMPLOYMENT From _____ To _____		NO. HOURS WORKED EACH WEEK

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B. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
	DATES OF EMPLOYMENT From _____ To _____		NO. HOURS WORKED EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES

NO. EMPLOYEES SUPERVISED (BY POSITION TITLE)

17. WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE, OR HAVE FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? IS ANY CRIMINAL CHARGE AGAINST YOU NOW PENDING? (OMIT (1) MINOR TRAFFIC VIOLATIONS, AND (2) ANY OFFENSE COMMITTED BEFORE YOUR EIGHTEENTH BIRTHDAY WHICH WAS FULLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW.) IF "YES", GIVE DETAILS ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIMINAL OFFENSE IS NOT A BAR TO EMPLOYMENT IN ALL CASES. EACH CASE IS CONSIDERED ON ITS MERITS.

YES NO

I HEREBY CERTIFY THAT ALL STATEMENTS ARE FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL STATEMENTS CONTAINED HEREIN MAY BE VERIFIED AND THAT WILLFUL MISREPRESENTATION CAN RESULT IN DISMISSAL.

DATE _____

SIGNATURE _____

(Sign as you usually sign)