

BIRMINGHAM PARKING AUTHORITY

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		* Cell	* E-mail
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
Are you over the age of 18?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If not can you provide a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have family that works for the BPA?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, who and what position do they hold?			
If hired would you have transportation to/from work?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
How did you hear about us?			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Vocational		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

* OPTIONAL INFORMATION NOT REQUIRED

PREVIOUS EMPLOYMENT		
<i>Please list your last three employers starting with the most recent first.</i>		
Company	Phone ()	
Address Line 1	Supervisor	
Address Line 2		
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address Line 1	Supervisor	
Address Line 2		
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address Line 1	Supervisor	
Address Line 2		
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

PERSONAL REFERENCES	
<i>Please list two personal references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

WORK AVAILABILITY		
<i>Please list the hours you are available to work on the days listed below. We are a company that works 24 hours a day 7 days a week at some locations. Evenings and night shifts will be required.</i>		
Weekday	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

ADDITIONAL INFORMATION
<i>State any additional information that you feel may be helpful to us in considering your application.</i>

DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	