



**THE WILMINGTON PARKING AUTHORITY
LINDEN BUILDING
625 N. ORANGE STREET
WILMINGTON, DE 19801-2222**

APPLICATION FOR EMPLOYMENT

The Wilmington Parking Authority is an Equal Opportunity Employer. We are committed to equal treatment of applicants and employees regardless of race, color, religion, national origin, sex, disability, age, marital or veteran's status.

Date: _____

Full Name: _____ Social Security #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Citizen of U.S.A.: YES or NO If no, do you have work authorization? _____

Are you under 18? _____ Do you have any other job? _____ Explain _____

Position desired _____ Wages per hour desired: _____

Full Time: _____ Part Time: _____ If part time when available? _____

Have you ever applied for a job here before? _____ When? _____

Do you have any friends or relatives in our employ? Name _____ Relationship _____

Name _____ Relationship _____

In case of accident notify: _____ Phone # _____

Address _____ City _____ State _____

<u>EDUCATION</u>	<u>NAME & LOCATION OF SHOOOL</u>	<u># OF YEARS</u>	<u>COURSE</u>	<u>GRADUATE YES OR NO</u>
Grade School				
High School				
College/University				
Special Courses				

Do you have a valid driver's license? _____ State _____ Number _____

Have you ever been convicted of a state or federal offense? Yes _____ No _____

If yes, explain _____

EMPLOYMENT HISTORY:

Give names and addresses of all previous employers beginning with your current or last place of employment. May we talk with them about you? YES _____ NO _____

If no, why not? _____

<u>FROM</u>	<u>TO</u>	<u>EMPLOYER'S NAME & ADDRESS</u>	<u>KIND OF WORK</u>	<u>WAGES</u>	<u>REASON FOR LEAVING</u>

Have you ever been employed in a garage, a service station or parking operations? _____ If yes, give details _____

Have you served in the Armed Forces of the USA? _____ Rank and Branch _____

Date of Discharge _____ Type of Discharge _____

Have you ever been bonded? _____ Has a bond application ever been denied? _____

If so, by whom? _____ Reason? _____

Any reason you could not be bonded? _____

**BACKGROUND INVESTIGATION AUTHORIZATION
AND RELEASE OF LIABILITY**

In connection with my application for **The Wilmington Parking Authority**, I understand that J.R. Gettier & Associates, Inc. may investigate my background by obtaining consumer credit, criminal, driving, personal reference, job reference, and other reports pertaining to me. This may include conversations with persons who have knowledge or information about such matters. This investigation will be conducted, and reports obtained, to provide J.R. Gettier & Associates, Inc. with information regarding my character, general reputation, personal characteristics, mode of living, work record and characteristics skills and abilities, education and training, employment experience, past job performance, reasons for termination of previous employment and other pertinent information.

I understand that J.R. Gettier & Associates, Inc. may request information from federal, state and local government agencies, schools, current and previous employers, personal acquaintances, and other appropriate sources of information that maintain records or have knowledge of my education, employment, consumer credit, criminal, driving and other relevant activities, experiences and records including, but not limited to, my character, general reputation, personal characteristics and mode of living.

I understand that I have the right to request in writing, within a reasonable period of time, a complete and accurate disclosure of the nature and scope of any investigative consumer report requested on me and, if denied employment wholly or partly because of information contained in a consumer report from a reporting agency, I have the right to be so advised and supplied with the name and address of the consumer reporting agency making the report.

I authorize, without reservation, any person or entity contacted by J.R. Gettier & Associates, Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release J.R. Gettier & Associates, Inc. from any and all liability for conducting such an investigation

PLEASE PRINT THE FOLLOWING INFORMATION – NEATLY

NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____

DRIVER'S LICENSE# _____ STATE OF ISSUE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____ HOW LONG _____

ADDRESSES FOR THE PAST TEN (10) YEARS _____

APPLICANT'S SIGNATURE _____ DATE _____

REFERENCES:

Give names of 3 local persons not related to you whom you have known as least 1 year:

Name	Address	# of Yrs. Known	Relationship Work/Other	Phone #

I authorize investigation of all statements contained in this application, and I release from all liability all persons and organizations providing information in response to such investigation. I understand that, if hired, I may be discharged for providing false information or for omitting information requested on this application. All employment is for an indefinite period of time and may be terminated at any time regardless of cause. I agree to be responsible for all damages caused by my negligence and for any shortage of funds in my custody.

Signature of Applicant

Date