



**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.*

## 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 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: ( ) \_\_\_\_\_ - \_\_\_\_\_

**ALLEGHENY COUNTY  
DEPARTMENT OF PARKS**

Please complete the following form along with the Seasonal Employment Application.  
This information will help in speeding up the hiring process.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                             STREET                            CITY                            STATE                            ZIP

HOME TELEPHONE # (    ) \_\_\_\_\_ - \_\_\_\_\_, CELL PHONE # (    ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

What type of lifeguard certification do you have (Red Cross, YMCA, or other)? \_\_\_\_\_

Where and when did you receive your most current life guarding certification?

LOCATION \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What type of C.P.R. certification do you have (Red Cross, other?) \_\_\_\_\_

\_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many years have you been a lifeguard? \_\_\_\_\_

Have you ever worked as a County lifeguard? \_\_\_\_\_ If yes, please give

location and date(s). \_\_\_\_\_

If you have not worked for the County, do you have lifeguarding experience? \_\_\_\_\_

If yes, please give location and date of employment. \_\_\_\_\_

Do you have any other certifications or skills that would aid you in fulfilling your duties

as a County lifeguard (use back if necessary)? \_\_\_\_\_

**I HEREBY STATE THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_