

**EMPLOYMENT APPLICATION**

PA 0599 / 01 12

*Human Resources Department  
225 Park Avenue South, 10<sup>th</sup> Floor  
New York, NY 10003*

*The Port Authority of New York & New Jersey /  
Port Authority Trans-Hudson (PATH) is an  
Equal Opportunity Employer.*

*Please print all information*

Position you are applying for:	Today's Date
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PERSONAL	Last Name			First	Middle
	Have you ever been known by any other name, maiden name, nickname or assumed name? If so, please provide the name(s). <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)				
	E-Mail Address		Home Telephone ( )		Cell Phone ( )
	Present Address			City	State Zip
	Prior Address			City	State Zip
				Years there (From-To)	
	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of identity & eligibility will be required upon employment.				
	Were you ever employed by the Port Authority or PATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	From		To	Position	Dept/Facility
	If you have applied for a Port Authority position before, please give position and date:				
	<b>Port Authority/PATH policy prohibits the hiring of relatives of executive level staff. In addition, as a general rule and subject to internal review, relatives may not work in a supervisor-subordinate relationship. Each applicant has a duty to and must notify the HR Staffing Representative if his/her employment would be in violation of this policy.</b>				
	Name(s) of relatives employed by the Port Authority or PATH / Relationship:				
	A criminal conviction will not necessarily exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the criminal conviction will be taken into account. In addition, the relationship between the criminal conviction and particular jobs will be weighed. Failure to disclose fully this information may result in termination from further consideration of employment. Have you ever been found guilty, pled guilty, or otherwise deemed guilty of any criminal offense (misdemeanor and/or felony)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give the details below and attach any additional sheets required.) Are you currently the subject of any unresolved criminal court action (e.g., conditional discharge, adjournment in contemplation of dismissal (ACD), pretrial intervention (PTI))? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give the details below and attach any additional sheets required.)				
	<b>Date of Offense</b>	<b>Offense</b>	<b>Name of Court &amp; Location</b>		<b>Disposition/Status</b>

<b>MILITARY</b>	Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	From	To
	Military Occupational Specialty Title	Highest Rank Held		
	Briefly describe your duties in service.			

<b>EDUCATION</b>	Name and Address of School	Courses or Major	Did You Graduate? (If yes, include year)	Diploma / Degree / Credits Completed
	High School Name, City & State	-N/A -	Yes <input type="checkbox"/> : _____ No <input type="checkbox"/>	-N/A -
	General Equivalency Diploma (GED) Date: _____ State: _____ Test Site Location: _____			
	College or University Name, City & State		Yes <input type="checkbox"/> : _____ No <input type="checkbox"/>	
	Graduate School Name, City & State		Yes <input type="checkbox"/> : _____ No <input type="checkbox"/>	
	Trade School / Professional School Name, City & State		Yes <input type="checkbox"/> : _____ No <input type="checkbox"/>	

<b>DRIVER'S LICENSE</b>	A valid driver's license is required for construction trade and some other applicable positions. Please complete the License Section.			
	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Type of License (Class) _____	License Number _____	Issuing State _____	Expiration Date _____
Do you have a valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No      Endorsements: _____      Expiration Date _____				

<b>SKILLS</b>	Is there any additional information, which you feel would help us in reviewing your application? (Business software, trade skills, professional licenses, honors, community activities, foreign language proficiency, etc.)

<b>EMPLOYMENT</b>	<b><i>LIST ALL JOBS HELD FOR THE PAST 10 YEARS AT A MINIMUM. (LIST MOST RECENT FIRST)</i></b> <b><i>Please complete all fields - Do not write, "See Resume."</i></b>		
	Employer's Name	From / To	Beginning / Last Salary
	Employer's Address (City, State, Zip)		Employer's Phone
	Your Position	Supervisor's Name and Title	
	Reason for Leaving		
	Briefly Describe Your Duties:		

EMPLOYMENT (Con't)

Employer's Name	From / To	Beginning / Last Salary
Employer's Address (City, State, Zip)		Employer's Phone
Your Position	Supervisor's Name and Title	
Reason for Leaving		
Briefly Describe Your Duties:		

Employer's Name	From / To	Beginning / Last Salary
Employer's Address (City, State, Zip)		Employer's Phone
Your Position	Supervisor's Name and Title	
Reason for Leaving		
Briefly Describe Your Duties:		

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Briefly Describe Your Duties:		

**EQUAL OPPORTUNITY EMPLOYER STATEMENT**

Port Authority/PATH policy forbids discrimination because of Race, Color, Religion, Sex, Sexual Orientation, National Origin, Age and Disability or any other status protected by law. An applicant who believes this policy is not being followed should contact in writing the Manager, EEO Compliance, Diversity & Inclusion at The Port Authority of NY & NJ, 225 Park Avenue South, 10th Floor, New York, NY 10003.

**CERTIFICATION & AUTHORIZATION**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand that if I falsify such information or omit pertinent facts it may disqualify me from further consideration for employment; and it may result in my immediate termination, if discovered after I am employed. I understand that all employment offers are contingent upon successful completion of the pre-employment process, including all background checks and clearance by the Port Authority's Office of Medical Services.

I hereby authorize and request any present or former employer, educational institution, law enforcement department or agency, court, credit bureau, financial institution, licensing agency, governmental agency, including the U.S. Armed Forces, or other persons having personal factual or anecdotal knowledge about me to furnish the Port Authority/PATH or its representative with any and all information in their possession. If information about me is requested using the services of a third-party vendor, i.e., background investigation firms, the Port Authority of NY & NJ may obtain further information through subsequent investigations so as to update, renew or extend my employment. I also agree to release from all liability all persons, schools, companies, corporations or other entities supplying or collecting such information. A photocopy of this authorization shall have the same authority as the original.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_