

EMPLOYMENT APPLICATION

PA 0599 / 09-18

*Human Resources Department
4 World Trade Center
150 Greenwich Street - 16th Floor
New York, NY 10007*

*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		
If you have applied for a Port Authority position before, please give position and date:									

PA/PATH RELATIVES	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.								
	Name(s) of relatives employed by the Port Authority or PATH / Relationship:								

EMPLOYEE REFERRAL	Were you referred by a current Port Authority or PATH employee? Yes No								
	If so, please indicate their Name; whether they are a Port Authority or PATH employee and Job Title below:								
	Name of Employee that referred you: _____								
	Employee's Job Title if you know it: _____								

EDUCATION	Name and Address of School	Courses or Major	Did You Graduate? (If yes, include year)	Diploma / Degree / Credits Completed
	High School Name, City & State		Yes <input type="checkbox"/> : _____ No <input type="checkbox"/>	
	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"/>	

MILITARY	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.			

DRIVER'S LICENSE	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 _____				

SKILLS	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.)
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LIST ALL JOBS HELD FOR THE PAST 10 YEARS AT A MINIMUM. (LIST MOST RECENT FIRST)
Please complete all fields - Do not write, "See Resume."

EMPLOYMENT

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

Employer's Name		From / To
Employer's Address (City, State, Zip)		Employer's Phone
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Briefly Describe Your Duties:		

EMPLOYMENT (Con't)

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

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Employer's Address (City, State, Zip)		Employer's Phone
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Briefly Describe Your Duties:		

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Employer's Address (City, State, Zip)		Employer's Phone
Your Position	Supervisor's Name and Title	
Reason for Leaving		
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 General Manager, EEO at The Port Authority of NY & NJ, 4 World Trade Center – 16th Floor, New York, NY 10007.

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** _____