



An Equal Opportunity Employer (M/F)
44 Transportation Center • Johnsonburg, Pennsylvania 15845
Phone (814) 965-2111 • Fax (814) 965-3053 • Email: ata@rideata.com • Web: RideATA.com

ADMINISTRATIVE APPLICATION FOR EMPLOYMENT

Position Applied for _____ Date of Application _____

(This application is not an offer or promise of employment)

NOTE: Unless updated by you, the applicant, the time limit for this application will expire one (1) year from the date of this application.

Name _____
 First Name Middle Name Last Name

Address _____
 Street Address City State Zip How long?

Telephone _____ Cell Phone _____ Social Security Number _____

Do you hold a valid Pennsylvania Driver's License? Yes _____ No _____ If Yes, PA Driver's License # _____

Date of Birth _____ Are you a US citizen? Yes _____ No _____

Have you worked for this Authority before? Yes _____ No _____ If so, where? _____

Does the Authority currently employ any member of your immediate family? Yes _____ No _____

Names of relatives in our employ _____

Does any member of your immediate family currently serve on the Board of Directors of this Authority?
Yes _____ No _____

Name(s) of relatives on the Board _____

MILITARY STATUS

Have you served in the U.S. Armed Forces Yes _____ No _____ Branch _____ Date Joined _____

Rank at Discharge _____ Date of Discharge _____

Type of Discharge _____

Draft Status _____ Reserve Status _____

EDUCATIONAL RECORD

Name & Location of Educational Institution	Semester Credits	Diploma/Degree Awarded	Major Subject/Coursework
High School			
College or University			

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Graduate or Professional			
Other Schooling (e.g. training) specify			

EMPLOYMENT RECORD

List your complete employment record; include periods of unemployment, starting with your present or last position and work back. If you need more space, please attach a separate sheet.

Dates Employed From _____ To _____

Name of Company _____

Address _____

Position Held _____

Starting Salary \$ _____ (check one) Hourly _____ Weekly _____ Bi-weekly _____ Annually _____

Ending Salary \$ _____ (check one) Hourly _____ Weekly _____ Bi-weekly _____ Annually _____

Immediate Supervisor Name & Phone Number _____

Number of Hours Worked Each Week _____ Number of Employees Supervised _____

Fully Describe Your Major Duties & Responsibilities _____

Reason for Leaving _____

Dates Employed From _____ To _____

Name of Company _____

Address _____

Position Held _____

Starting Salary \$ _____ (check one) Hourly _____ Weekly _____ Bi-weekly _____ Annually _____

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Starting Salary \$ _____ (check one) Hourly _____ Weekly _____ Bi-weekly _____ Annually _____

Ending Salary \$ _____ (check one) Hourly _____ Weekly _____ Bi-weekly _____ Annually _____

Immediate Supervisor Name & Phone Number _____

Number of Hours Worked Each Week _____ Number of Employees Supervised _____

Fully Describe Your Major Duties & Responsibilities _____

Reason for Leaving _____

List any office equipment/hardware you can operate _____

List software you have used in your previous work experience

Software Name	Type (word processing, spreadsheet, etc.)	Degree of Proficiency (check one for each type of software program listed)		
		Beginner	Intermediate	Advanced

Have you ever been convicted of a misdemeanor or felony (excluding minor traffic violations)? Yes _____ No _____

If yes, explain (attach sheet if more space is needed)

Location	Date	Charge	Penalty

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REFERENCES

List names, addresses, and telephone numbers of three (3) personal references; do not include relatives

Name	Address	Telephone

PLEASE COMPLETE ENTIRE APPLICATION; INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question on this application will be grounds for rating you ineligible for employment. All statements on this application are subject to investigation including a police check, motor vehicle records check, checks of salaries, references, and former employers. All data will be considered in determining your eligibility for employment with this Authority.

I acknowledge the above statement and I certify that the statements contained herein are accurate and true to the best of my knowledge, information, and belief.

_____ Applicant Signature

_____ Date

Applicant – Do Not Write Below This Line

Position Hired for _____ Department _____

Date Hired _____ Status at Time of Hiring (check one) FT _____ PT _____ Hours/Week _____

Wage/Salary Hired at \$ _____ (check one) Hourly _____ or Bi-weekly _____

Insurance	Date Eligible	Date Enrolled	Date Withdrawn
Life			
Disability			
Medical – Self			
Medical – Dependents			

Pension	Date Eligible	Date Enrolled	Date Withdrawn

Date Terminated _____ Reason for Termination _____

Date of Rehiring _____ Status at Time of Rehiring (check one) FT _____ PT _____ Hours/Week _____