Area Transportation Authority of North Central Pennsylvania

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

APPLICATION FOR EMPLOYMENT

Driver _____ **Mechanic** _____ **Hostler** _____ **Other** _____

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

Information in this application will be used, and prior employers may be contacted, for purposes of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations

Date of Application _____

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?

Addresses in Past 3 Years _____ _____ _____ _____ _____
Street Address City State Zip How long?

_____ _____ _____ _____ _____
Street Address City State Zip How long?

(attach sheet if more space needed) _____ _____ _____ _____ _____
Street Address City State Zip How long?

Telephone _____ Cell Phone _____ Social Security Number _____

If employed, when can you begin work? _____

Date of Birth _____ Do you have a valid Pennsylvania Driver's License? Yes _____ No _____

Have you worked for the Authority before? Yes _____ No _____ Where? _____

Dates: From _____ to _____ Rate of Pay $_____ per _____ Position _____

Reason for Leaving _____

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 _____

Are you now employed? Yes _____ No _____ If not, how long since leaving last employment? _____

EMPLOYMENT FOR THE PAST 10 YEARS

(Attach sheet if you had more than 3 employers in past 10 years)

Last Employer

Name _____ Supervisor's Name _____

Address _____ _____ _____ _____ _____
Street Address City State Zip Phone

Position Held _____ From _____ To _____ Salary $ _____

Reasons for Leaving _____

Second Last Employer

Name _____ Supervisor's Name _____

Address _____ _____ _____ _____ _____

Street Address City State Zip Phone

Position Held _____ From _____ To _____ Salary $ _____

Reasons for Leaving _____

Third Last Employer

Name _____ Supervisor's Name _____

Address _____ _____ _____ _____ _____

Street Address City State Zip Phone

Position Held _____ From _____ To _____ Salary $ _____

Reasons for Leaving _____

Explain any gaps in employment _____

_____

_____

ATA Verified (Initials)

ACCIDENT RECORD

Accident Record for past 10 years or more (include all motor vehicle accidents.)
List in reverse chronological order (most recent accident first, etc.); attach sheet if more space is needed

Date	Nature of Accident	Number of Fatalities	Number of Injured

Traffic Convictions and Forfeitures of Bond or Collateral

Traffic convictions and forfeitures of bond or collateral in past 10 years (other than parking violations.)
List in reverse chronological order (most recent event first, etc.); attach sheet if more space is needed

Date	Location	Charge	Penalty

Have you ever been convicted of a misdemeanor or felony (excluding minor traffic violations)? Yes _____ No _____
If yes, please explain below; attach sheet if more space needed.

Date	Location	Charge	Penalty

_____

Verified information with MVR (Initials)

ATA APPLICATION FOR EMPLOYMENT

MILITARY STATUS

Have you served in the U.S. Armed Forces Yes _____ No _____ Branch _____ Dates from _____ to _____

Rank at Discharge _____ Date of Discharge _____

Draft Status _____ Reserve Status _____

****

EDUCATION STATUS

Highest grade completed High School _____ College _____

Last School Attended _____ _____ _____

Name City State

DRIVER'S LICENSE INFORMATION

Driver's Licenses		State	License Number	Type	Expiration Date
List All Unexpired Licenses and Permits					

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If the answer to either A or B is yes, please provide a statement giving details below

_____

_____

_____

_____

_____

EXPERIENCE AND QUALIFICATIONS

List types of vehicles or equipment operated; types and years of driving or maintenance experience; any specialized training, certifications, and awards.

_____

_____

_____

_____

PLEASE COMPLETE ENTIRE APPLICATIONS; INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT
PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

I certify that the application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. A false or dishonest answer to any question on this application will be grounds for rating me ineligible for employment with this Authority, or for dismissing me after employment. All statements on this application are subject to investigation including a police check, checks of salaries, references and former employers. All data will be considered in determining my eligibility for employment with this Authority.

I understand that I am an employee-at-will and that my employment and compensation can be terminated with or without cause, at any time, at the option of either the Authority or myself.

_____ _____

Applicant's Signature Date