

An Equal Opportunity Employer (M/F)

44 Transportation Center • Johnsonburg, Pennsylvania 15845
Phone (814) 965-2111 • Fax (814) 965-3053 • Email: <u>ata@rideata.com</u> • Web: <u>RideATA.com</u>

APPLICATION FOR EMPLOYMENT

Driver	Mechar	ic	Hostler		Other		
	(This ap	plication is no	ot an offer or promise o	of employment)			
Informati	on in this application will be used Sectio		ployers may be conta ne Motor Carrier Safety		of investigation	as required by	
Date of App	olication						
	Inless updated by you, the appl pplication.	cant, the time	e limit for this applica	tion will expire on	e (1) year from	n the date of this	
Name			Middle Name				
	First Name	First Name			Last Name		
Address _	Street Address		City	State	Zip	How long?	
	Oli Ool 7 laarooo		Oity	Olato	2 .p	now long.	
Addresses in Past 3 Years Street Address			City	State	Zip	How long?	
1 431 3 164	iis Street Address		City	State	Ζίρ	riow long:	
(attach she			City	State	Zip	How long?	
needed)			City	State	Zip	How long?	
Telephone	Ce	II Phone		Social Security	Number		
If employed	d, when can you begin work?						
Date of Birt	th	Do you have	e a valid Pennsylvania	Driver's License?	Yes	No	
Have you v	vorked for the Authority before?	Yes	No	Where?			
Dates: F	rom to	R	ate of Pay \$	per	Positio	n	
Reason for	Leaving						
Does the A	uthority currently employ any me	mber of your	mmediate family?	Yes No			
Names of r	elatives in our employ						
Does any n	nember of your immediate family	currently serv	e on the Board of Dire	ectors of this Autho	rity?		
·		·			Yes	No	
Name(s) of	relatives on the Board						
` '	w employed? Yes	No	If not, how long since	e leaving last emplo	ovment?		
, , , , ,			3 , 1 , 2	9			
	(Attach she		NT FOR THE PAST 10 Ye more than 3 employer				
Last Emplo	<u>yer</u>						
Name	Supervisor's Name						
Address							
	Street Address		City	State	Zip	Phone	

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Position Held		From	T	·o	Salary	\$
Reasons for Lo	eaving					
Second Last E	<u>Employer</u>					
Name			Superv	visor's Name		
Address						
	Street Address		City	State	Zip	Phone
Position Held		From	T	o	Salary	\$
Reasons for Lo	eaving					
Third Last Em	<u>ployer</u>					
Name			Superv	visor's Name		
Address						
	Street Address		City	State	Zip	Phone
Position Held		From	T	o	Salary	\$
Reasons for Le	eaving					
Explain any ga	aps in employment					
					ATA Ver	ified (Initials)
		Accin	ENT RECORD)		
		past 10 years o	r more (includ	e all motor vehicle ad		
	List in reverse chronological ord	er (most recent a	accident first, e	•	nore space i	
Date	Date Nature of Accident		Number of Fatalities			Number of Injured
				1 diamileo		jarou
	Traffic Conv	rictions and F	orfeitures	of Bond or Collat	eral	
	Traffic convictions and forfeiture List in reverse chronological or					
Data			i eveni nisi, et		ore space is	
Date	Location	лі		Charge		Penalty
•	been convicted of a misdemea explain below; attach sheet if me		-	or traffic violations)?	Yes _	No
Date	Location	on		Charge		Penalty
						·

Verified information with MVR (Initials)

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MILITARY STATUS							
Have you serv U.S. Armed Fo		No	Branch	Dates from	to		
Rank at Disch	arge			Date of Discharge			
Draft Status		Reserve	Status				
******	********	*******	********	*********	*****		
		E	EDUCATION STATUS				
Highest grade	completed High	School	College				
Last School A	ttended						
		Name		City	State		
		DRIVER	'S LICENSE INFORMATIO	N			
Driv	er's Licenses	State	License Number	Туре	Expiration Date		
List All					•		
Unexpired							
Licenses and Permits							
A. Have you	ever been denied a licen	se, permit or privi	lege to operate a moto	r vehicle? Yes	No		
•	cense, permit or privilege			Yes No			
•	o either A or B is yes, ple	·					
ii tile aliswei t	o either A or B is yes, pie	ase provide a sta	ternent giving details b	GIOW			
		Experie	ENCE AND QUALIFICATION	NS			
		rated; types and y	ears of driving or mair	ntenance experience; any sp	ecialized training,		
certifications,	and awards.						
PLEASE CO		•		S MAY NOT BE CONSIDERE	D FOR EMPLOYMENT		
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 Signa	tura		Date			
		IUIG		שמוב			