

**Area Transportation Authority of North Central Pennsylvania
an Equal Opportunity Employer (M/F)
44 Transportation Center, Johnsonburg, PA 15845**

Application for Employment – Driver ____ Mechanic ____ 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.)

Your Name _____ Phone _____
First Name Middle Name Last Name

Address: _____ How long: _____
Street Address City State & Zip code

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

(Attach sheet if more space is needed)

Social Security No. _____ If employed, when can you begin work? _____

Are you 18 years of age or older ___ yes ___ no Do you have a valid Pennsylvania Driver's License ___ yes ___ no

Have you worked for this Company before? ___ yes ___ no Where? _____

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

Reason for Leaving _____

Does this agency 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 3 YEARS

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

Last Employer

Name _____ Supervisor's Name _____
Address _____ Phone _____
Street City, State & Zip

Position held _____ From _____ to _____ Salary \$ _____

Reasons for Leaving _____

PACKET A: Form #100 (8/11)

Second Last Employer

Name _____ Supervisor's Name _____
Address _____ Phone _____
Street City, State & Zip

Position held _____ From _____ to _____ Salary \$ _____
Reasons for Leaving _____

Third Last Employer

Name _____ Supervisor's Name _____
Address _____ Phone _____
Street City, State & Zip

Position held _____ From _____ to _____ Salary \$ _____
Reasons for Leaving _____

Explain any gaps in employment: _____

ATA Verified (Initial)

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.

Location	Date	Charge	Penalty

Have you ever been convicted of a misdemeanor or felony? ___ yes ___ no

If yes, please explain below. Attach sheet if more space is needed.

Location	Date	Charge	Penalty

Verified information with MVR: _____
(Initial)

MILITARY STATUS

Have you served in the U.S. Armed Forces? ___ Yes ___ no Branch _____ Dates from: _____ to _____

Rank at Discharge _____ Date of Discharge: _____

(In N.J. do not fill in this line unless hired) Draft status _____ Reserve status _____

EDUCATION STATUS

Circle highest grade complete 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended _____
Name City, State

DRIVER'S LICENSE INFORMATION

DRIVERS LICENSES	State	License No.	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

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

PLEASE COMPLETE ENTIRE APPLICATION. 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 employees. 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.

Date

Applicant's Signature

RideATA.com