

# Application for Employment

Please answer all questions fully and accurately in your own handwriting.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Graduated/GED?(yes/no) \_\_\_\_\_  
College \_\_\_\_\_ Graduated?(yes/no) \_\_\_\_\_  
Certificate or Training Programs \_\_\_\_\_

## AVAILABILITY

Accurate availability dates allow PTAB to schedule for the season.

Dates Available: From \_\_\_\_\_ to \_\_\_\_\_ Full-Time (yes/no) \_\_\_\_\_ Nightshift (yes/no) \_\_\_\_\_

## WORK EXPERIENCE Start with your most recent experience. (If you are currently employed list that employer first.)

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**WORK EXPERIENCE** (continued)

Employer_____	Job Title_____	Date:_____to_____
Phone_____	Supervisor's Name_____	Salary_____
Duties _____		
_____		
Reason for leaving_____		

Employer_____	Job Title_____	Date:_____to_____
Phone_____	Supervisor's Name_____	Salary_____
Duties _____		
_____		
Reason for leaving_____		

**\*Write a short paragraph summarizing your goals or ambitions:**

All PTAB employees are covered by Workers Compensation Insurance for work related injuries. PTAB's insurance carrier is The Zenith Insurance Company. In the event of any work related injury, which requires medical treatment, the injured employee is required to go to the designated medical provider posted at each inspection station or office site.

**"At Will" Policy**

I understand and agree that if hired, my employment is for no definite period of time and, regardless of the date of payment of wages or salary, may be terminated at any time, by myself or PTAB with or without cause, and with or without notice.

I hereby certify that all the statements and answers, which I have given in this application, are in my own handwriting and true to the best of my knowledge and I understand that PTAB may call my former employers.

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

**(Please complete and return the Drug Test Acknowledgement form also.)**

**This application is valid for 30 days after the date of submission.**