

PTAB Application for Assistant Position

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) _____

Are you available to work at all stations in the district? (circle one) 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_____

***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 the reverse side also)

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