

Application for PTAB Clerk

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

Name _____		Phone #1 _____
Street _____		Phone #2 _____
City _____	State _____	Zip Code _____
e-mail _____		

EDUCATION

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

AVAILABILITY

Accurate availability dates allow the District Supervisor to schedule enough workers for the entire season.

Dates Available: From _____ to _____ Full-Time _____ Part-Time _____ Both _____

WORK EXPERIENCE (Start with your most recent work experience.)

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 _____			

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 _____			

May we contact your present or past employers? ___Yes ___No

Did you fill out this application yourself? ___Yes ___No

Have you reviewed the essential job functions and responsibilities? ___Yes ___No

If so, can you perform the essential job functions and responsibilities? ___Yes ___No

Please 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 also)

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