

PTAB Application for AOSA

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) _____
If yes, what degree(s) do you possess? _____	
Certificate or Training Programs _____	

AVAILABILITY

Dates Available: From _____ to _____	Full-Time (yes/no) _____
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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 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.