

APPLICATION FOR EMPLOYMENT

§1.0 - GENERAL

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Authority Office at telephone (717) 566-3237 x-301 or by email @ hr@dtma.com.

Position Applied for:		Date:		
Full Name:	First	M.I		
Address:				
Street Addre	ess	Ар	artment/Unit #	
City	State	ZIP	² Code	
eMail Address:	Home Phone	e:		
Mobile Phone:	If necessary, best time to o	call you is:	AM / PM	
May we contact you at work? YES	№ □			
If yes, work number:	& Best time to call: _		AM / PM	
Date Available: Soci	al Security No.:	Desired Salary: \$	<u> </u>	
Driver's License State and Number:	Is your D	Oriver's License Valid	? YES NO	
Are you aware of any current or pending	Driver's License Suspensions?	YES NO		
Are you legally eligible for employment i	n the United States? YES 🗌	NO 🗌		
Answering "yes" to the following question do offense, seriousness and nature of the violati			-	
Have you ever pleaded "guilty" or "no co	ontest" to, or been convicted of a c	crime? YES	NO 🗌	
If "yes", please provide date(s) and detai	ils:			

§3.0	- EDUCATION		
High School:		Address:	
		Do you possess a high school diplo	oma or GED? YES NO NO
College:		Address:	
From:	To: Di	id you graduate? YES NO 🗌	Degree:
Other:		Address:	
From:	To: Di	id you graduate? YES NO NO	Degree:
§4.0	0 - MOST RECENT OR CURRE	NT EMPLOYMENT	
Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilitie	es:		
From:	To:	Reason for L	eaving:
May we conta	act your supervisor for a reference	re? YES NO (If YES, please	list reference information in §5.0, below.)
	L - PREVIOUS EMPLOYMENT	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Company:			Phone:
Address:			
Job Title:		Starting Salary: \$	
Responsibilitie	es:		
From:	To:	Reason for L	eaving:
May we conta	act your previous supervisor for a	a reference? YES NO (If YE	S, please list reference information in §5.0, below.)
§4.2	2 - PREVIOUS EMPLOYMENT		
Company:			Phone:
Address:			Supervisor:
Job Title:			
Responsibilitie	es:		
•			
From:	To:	Reason for L	eaving:

Page | 2 of 4

§4.3	- PREVIOUS EMPLOYMENT		
Company:	Phone:		
Address:	Supervisor:		
Job Title:	Starting Salary: \$ Ending Salary: \$		
Responsibilition	rs:		
From:	To: Reason for Leaving:		
May we conta	ct your previous supervisor for a reference? YES NO (If YES, please list reference information in §5.0, below.,		
COMMENTS,	ncluding an explanation of any gaps in employment:		
SE (DEFEDENCES		
95.0	- REFERENCES		
•	e the following information for three business/work references. If none available, please list three persona EFERENCES SHOULD NOT BE RELATIVES OR DTMA EMPLOYEES.		
Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Polationship		
Company:	Relationship: Phone:		
Address:			
§6.0	- MILITARY SERVICE		
Branch:	From: To:		
Rank at Disch	orge: Did you receive an honorable or general discharge? YES NO		
§7.0	- SKILLS, QUALIFICATIONS AND OTHER INFORMATION		

Page | 3 of 4

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions for the position for which you are applying:
List any additional information you would like us to consider:
§8.0 - APPLICANT STATEMENT
I certify that all information I have provided in order to apply for and secure work with the Authority is true, complete and correct.
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from employment by the Authority, whenever it is discovered.
I expressly authorize, without reservation, the Authority, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the Authority, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.
I understand that the Authority does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
I understand that this application remains current for only 60 days.
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Authority reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Authority is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.
I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Page | 4 of 4

DATE:

SIGNATURE: