



Pennsylvania Turnpike Commission

APPLICATION FOR SUMMER EMPLOYMENT

An Equal Opportunity Employer

PLEASE PRINT OR TYPE

72-26 REV. 03/10

PERSONAL

Last Name	First	Middle Initial	Social Security No.	Current Date
Street Address		City	County	State
Zip Code				
IF WE ARE REQUIRED TO PROVE TO U.S. CITIZENSHIP AND IMMIGRATION SERVICES THAT YOU ARE PERMITTED TO WORK IN THE UNITED STATES, WILL YOU BE ABLE TO PROVIDE THE NECESSARY DOCUMENTATION?			E-mail Address	
() YES () NO			Telephone Number	

EDUCATION

NAME & LOCATION (CITY & ZIP CODE, IF KNOWN) OF COLLEGE OR UNIVERSITY. (IF YOU EXPECT TO GRADUATE WITHIN NINE MONTHS, GIVE MONTH AND YEAR YOU EXPECT TO RECEIVE YOUR DEGREE	DID YOU GRADUATE?	SEMESTER HOURS	OTHER (SPECIFY)	TYPE OF DEGREE (BS, BA, ETC.)	MAJOR COURSE OF STUDY
HIGH SCHOOL: GED DIPLOMA? () YES					
TECHNICAL, BUSINESS, OR OTHER SCHOOL:					
COLLEGE, UNIVERSITY, PROFESSIONAL SCHOOLS:					
CREDITS OBTAINED ELSEWHERE:					

Date of available employment _____ .

POSITIONS DESIRED (Check all that apply):

- CLERK MAINTENANCE WORKER ENGINEERING ASSISTANT TOLL COLLECTOR
 LAW CLERK INFORMATION TECHNOLOGY CUSTOMER ASSISTANCE OTHER _____

WORK LOCATION PREFERENCE

(CHOICES SHOULD BE IN NUMERICAL ORDER)

INTERCHANGES (FARE COLLECTION)

- | | | |
|---|--|---|
| <input type="checkbox"/> District 6
___ Gateway
___ Warrendale
___ Butler Valley
___ Allegheny Valley
Beaver Valley Expressway
___ N. Toll 60
___ S. Toll 60
<input type="checkbox"/> District 1
___ Pittsburgh
___ Irwin
___ New Stanton
Mon/Fayette Expressway
___ M52
___ M19
___ California
___ M5
Amos K. Hutchinson Bypass
___ Mainline | <input type="checkbox"/> District 2
___ Donegal
___ Somerset
___ Bedford
___ Breezewood
___ Fort Littleton
___ Willow Hill
___ Blue Mountain
<input type="checkbox"/> District 3
___ Carlisle
___ Gettysburg Pike
___ Harrisburg West
___ Harrisburg East
___ Lebanon/Lancaster
___ Reading
___ Morgantown
___ Downingtown | <input type="checkbox"/> District 4
___ Valley Forge
___ Norristown
___ Mid-County
___ Fort Washington
___ Willow Grove
___ Bensalem
___ Delaware Valley
___ Delaware River Bridge
<input type="checkbox"/> District 5
___ Lansdale
___ Quakertown
___ Lehigh Valley
___ Mahoning Valley
___ Pocono
___ Wilkes Barre
___ Wyoming Valley
___ Keyser Avenue
___ Clarks Summit |
|---|--|---|

MAINTENANCE LOCATIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> District 1
___ Homewood
___ Gibsonia
___ Harrison City
___ Greensburg
___ Donegal
___ Jefferson Hills | ___ Everett
___ Burnt Cabins
___ Tuscarora
___ Tunnel
___ Blue/Kitt Tunnel
___ Somerset
<input type="checkbox"/> District 2
___ Allegheny
___ Tunnel
___ Kegg | <input type="checkbox"/> District 4
___ Devault
___ Plymouth Meeting
___ Trevose
<input type="checkbox"/> District 5
___ Quakertown
___ Slatington
___ Lehigh Tunnel
___ Pocono
___ Wyoming Valley |
|---|---|---|

_____ CENTRAL OFFICE - HARRISBURG

Comments

WORK HISTORY (Record Your Last Employer First)

Name of Employer	Street Address	City	State	Zip Code	
Your Position Title	Name & Title of Your Immediate Supervisor	Employment Dates		Annual Salary	
		From	To	Starting	Present/Final
Do you object to PTC contacting this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # ()					
Describe your major duties & responsibilities.					
Reason for leaving:					

Name of Employer	Street Address	City	State	Zip Code	
Your Position Title	Name & Title of Your Immediate Supervisor	Employment Dates		Annual Salary	
		From	To	Starting	Present/Final
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		From	To	Starting	Present/Final
Do you object to PTC contacting this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # ()					
Describe your major duties & responsibilities.					
Reason for leaving:					

LICENSES

NOTE: This section applies only to those applying for a position in which driving is an essential requirement

Do you have a current/valid Pennsylvania driver's license? () Yes () No

If Yes, check the box that applies below:

CLASS A (CDL)
OPER# _____

CLASS B (CDL)
OPER# _____

CLASS C (CAR)
OPER# _____

COMMERCIAL
OPER# _____

NON-COMMERCIAL
OPER# _____

TRAINING

List any training, experience, licenses, certificates or special skills, etc. you have that you believe are particularly applicable to the type of work for which you are applying.

REFERENCES (Give at least three)

Name	Street Address	City	State	Zip Code
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Business/Occupation

Telephone () _____

Name	Street Address	City	State	Zip Code
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Business/Occupation

Telephone () _____

Name	Street Address	City	State	Zip Code
------	----------------	------	-------	----------

Business/Occupation

Telephone () _____

Name	Street Address	City	State	Zip Code
------	----------------	------	-------	----------

Business/Occupation

Telephone () _____

THE FOLLOWING QUESTION MUST BE COMPLETED AND ANSWERED TRUTHFULLY. If you answer "Yes," you **must** list **all** offenses, and for each conviction, provide date of conviction and disposition, regardless of the date or location of the occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records

CRIMINAL OFFENSE - includes felonies and misdemeanors whether from conviction or a plea of nolo contendere (no contest)

CONVICTION - is a ruling of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, probation or incarceration. Includes pleas of nolo contendere (no contest).

OMIT summary traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court, and any convictions which have been expunged by a court or for which you **successfully completed** an Accelerated Rehabilitative Disposition program.

Were you ever convicted
of a criminal offense?

Yes

No

If you answered "Yes," give details on a separate sheet of paper. Be sure to include your name, Social Security Number, date of conviction, county of conviction, charge(s) for which you were convicted, disposition, and your signature.

AMERICANS WITH DISABILITIES

If you need an accommodation to complete this application or participate in the pre-employment screening process, please contact the ADA Coordinator at 717-939-9551, extension 4281, TDD# 800-932-0586

NOTICE TO PROSPECTIVE EMPLOYEES

Secondary Employment

The Pennsylvania Turnpike Commission has a Secondary Employment Policy to ensure that employees' activities away from the job do not adversely affect their ability to satisfy their obligations as employees of the Commission or in any way compromise its interests or reputation. Prior approval of outside employment is required

RELEASE OF INFORMATION

Unless covered by a collective bargaining agreement, all employees are considered to be at-will employees.

In applying for a position with the Pennsylvania Turnpike Commission, I understand that as a condition of determining my qualifications for the position applied for, the Commission will request job performance information from any previous employer listed on my application or resume, contact personal references provided, conduct a background check of my motor vehicle record if the position applied for requires driving duties, and take such steps as the Commission deems necessary to validate any other statement or assertion made on my application or resume.

In order to facilitate this end, I release from any legal liability those persons (both natural and legal) and employers who provide information relating to the duties and responsibility of my former position(s), my job performance, the situation surrounding my leaving their employment, and any other relevant information and opinion that may be useful to the Commission in making a hiring decision. If the position I am applying for requires a Commercial Drivers License, this release will also apply to my U.S. DOT CDL Drug and Alcohol Testing records.

Signature

Date

I do solemnly swear (or affirm) that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that all statements made by me on this application are subject to later investigation. I am further aware that should any investigation at any time disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected; if already appointed, I may be dismissed from my position and subject to prosecution for unsworn falsification to authorities, 18 Pa. C.S.A. 4904.

Signature of applicant in ink

Date

Print or type name here



Pennsylvania Turnpike Commission

Human Resources Department

P.O. Box 67676 Harrisburg, PA 17106-7676 717-939-9551 TDD# (800)932-0586



SUMMER EMPLOYMENT APPLICATION SUPPLEMENT

Have you previously been employed by the Pennsylvania Turnpike Commission?

Yes ____ No ____

If yes, indicate position, work location, and dates of employment:

Please provide the name of your supervisor: _____

ELIGIBILITY REQUIREMENT

The Pennsylvania Turnpike Commission requires that, at the time of employment, all summer employees meet a minimum requirement of at least eighteen (18) years of age or have completed a secondary education program such as high school or GED.

Do you meet the eligibility requirement for summer employment with the Pennsylvania Turnpike Commission?

____ Yes ____ No

The PTC Summer Employment program is not extended to persons in direct descendance of current PTC employees, unless the individual was employed in the summer program in 1993 or before. Please list the name of your relatives, if any, currently employed by the PTC.

Name

Relationship to Applicant

Name

Relationship to Applicant

____ I do not have any relatives currently employed by the Pennsylvania Turnpike Commission.

I certify that the above information is true and correct to the best of my knowledge.

Name

Date