



**TRPIL is committed to affirmative action, equal opportunity, and the diversity of its workforce.**

**Thank you for your Interest in Employment with TRPIL**

**PLEASE -- Let us know if you need assistance with this Employment Application.**

**This is a General Application. TRPIL has 4 organizations that have employees. Please tell us which organization you asking to consider your employment application or which job notice you are responding to:**

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Your application will be reviewed by managers seeking job applicants. You will be contacted if there is an interest in you for further consideration. If you do not hear from us and are still interested in employment with TRPIL, you may resubmit another application for a different job notice or a general application for the future. Thank you for your time.

Return to:  
TRPIL  
69 East Beau Street  
Washington, PA 15301  
724-223-5115

## **ATTENTION APPLICANT - PLEASE READ BEFORE PROCEEDING**

1. The completion of this application does not guarantee a job offer or interview. We are an Affirmative Action employer and committed to the elimination of barriers that restrict the employment opportunities available to persons' with disabilities. We look forward to reviewing your application and decisions about interviews will be based on this comparison.
2. This application form must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified, the applicant could be rejected for employment.
4. Applications are filed according to job title. Be as specific as possible in stating the job for which you're applying. "ANY" position is not an acceptable response on our application.
5. Due to the number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. In completing our application form, you acknowledge that employment may subject you to the following verification procedures:
  - Employment References
  - Criminal Record History Clearance
  - Pennsylvania Child Abuse History Clearance
  - Drug and/or Alcohol Testing
  - TB Screening and Hepatitis B Series
  - Motor Vehicle Record Check

MY SIGNATURE BELOW VERIFIES THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH ABOVE.

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Signature of Applicant

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Date

\*This form must be attached & turned in with the completed application\*

# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_  
Type of employment desired: (Check all that apply) \_\_\_ Full-time  
\_\_\_ Part-time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_ Per Diem  
How many hours a week would you like to work? \_\_\_\_\_  
Salary Desired? \_\_\_\_\_  
Date available for work? \_\_\_\_\_

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text **Y / N**

EMAIL: \_\_\_\_\_  
May we use the email to contact you? **Y / N**

Are you legally authorized to work in the U.S.? **Yes / No**  
Are you over the age of 18? **Yes / No** If no, can you furnish a work permit? **Yes / No**  
Do you have reliable transportation? **Yes / No**  
Do you have a current driver's **license**? **Yes / No**  
If travel is required by this position, will you normally be able to arrange for independent travel to work? **Yes / No**  
Do you have prior work experience at TRIPIL? **Yes / No**  
Have you ever been convicted of a felony or misdemeanor (including minor traffic violations)? **Yes / No**

If YES, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that you may be subject to a Criminal Background Check and Child Abuse Clearance.

Please list membership(s) in relevant Groups or Professional Organizations (excluding those indicating race, religion, color, sex, national origin or ancestry): \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**EDUCATION:** Circle highest year completed

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

EDUCATION Details (Please include name, location, dates, graduation and degree earned)

High School: \_\_\_\_\_

Colleges: \_\_\_\_\_  
\_\_\_\_\_

Trade Schools: \_\_\_\_\_

Summarize any additional special training, skills, licenses and/or certificates that may assist you in performing the position you are applying. Include hobbies in which you learned qualifying skills, and why you would like to work with TRPIL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE (list last three employers, beginning with current or most recent)**

1) EMPLOYER: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITIONS HELD: \_\_\_\_\_  
\_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF LAST SUPERVISOR & TELEPHONE NUMBER:

SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
BRIEF DISCRPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING POSITION: \_\_\_\_\_

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2) EMPLOYER: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
POSITIONS HELD: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF LAST SUPERVISOR & TELEPHONE NUMBER:

SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
BRIEF DISCRPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING POSITION: \_\_\_\_\_

3) EMPLOYER: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
POSITIONS HELD: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF LAST SUPERVISOR & TELEPHONE NUMBER:

SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
BRIEF DISCRPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING POSITION: \_\_\_\_\_

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**REFERENCES: (give below three persons not related to you whom you have known at least one year)**

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OR ADDRESS: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OR ADDRESS: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

3) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION**

ARE YOU CURRENTLY EMPLOYED? **Yes / No**

If so, may we contact your present employer? **Yes / No**

If related to anyone in our employ, give name and relationship:

\_\_\_\_\_

I authorize investigation of all statements contained in this application and understand the misrepresentation of facts called for is cause for dismissal. Also, my signature indicated that I have been informed/shown a job description and I understand the responsibilities of the position for which I am making application. Upon hiring, I will provide reliable updates to the information provided in this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**