

THE AWARD WINNING
NORTHUMBERLAND COUNTY
ANTHRACITE OUTDOOR ADVENTURE AREA



www.aoatrails.com (570)648-2626 4100 State Route 125, CoalTownship, PA 17866

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

(Please Print)

DATE _____

SSN ____ - ____ - ____

NAME _____

ADDRESS _____

PHONE (S) _____

When is the best time to call you? _____

POSITION APPLIED FOR: Operations Customer Service

If you are under the age of 18, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____ If yes, approximate date: _____

Have you ever been employed with us before? _____ If yes, approximate date: _____

Are you currently employed? Yes No

If employed, may we contact your current employer? Yes No

When are you available to start work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last five years? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.



EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

**Describe any specialized training, apprenticeship, skills, and extra-curricular activities;
Use the back side of this form if needed.**

**Describe any job-related training received in the United States Military;
Use the back side of this form if needed.**

Summarize special job-related skills and qualifications acquired from employment or other experience.

Special Skills (List skills/equipment operated/mobile equipment/ computer, etc.)



WORK EXPERIENCE START WITH YOUR PRESENT OR MOST RECENT JOB.

#1 EMPLOYER:	DATES EMPLOYED: START _____ END _____
ADDRESS:	HOURLY RATE / SALARY: START _____ FINAL _____
TELEPHONE NUMBER:	
JOB TITLE:	SUPERVISOR:
REASON FOR LEAVING:	JOB DUTIES:

#2 EMPLOYER:	DATES EMPLOYED: START _____ END _____
ADDRESS:	HOURLY RATE / SALARY: START _____ FINAL _____
TELEPHONE NUMBER:	
JOB TITLE:	SUPERVISOR:
REASON FOR LEAVING:	JOB DUTIES:

#3 EMPLOYER:	DATES EMPLOYED: START _____ END _____
ADDRESS:	HOURLY RATE / SALARY: START _____ FINAL _____
TELEPHONE NUMBER:	
JOB TITLE:	SUPERVISOR:
REASON FOR LEAVING:	JOB DUTIES:

Northumberland County ANTHRACITE OUTDOOR ADVENTURE AREA

RECREATION OPPORTUNITIES FOR OHV
ECONOMIC DEVELOPMENT
CONSERVATION OF NATURAL RESOURCES



Yes No

HAVE YOU EVER BEEN CONVICTED OR A CRIME, including a moving traffic violation, summary, misdemeanor and felonies? If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

NOTE: A Yes response does not automatically disqualify your application. If Yes. Please Explain (Attach additional sheets as necessary)

Yes No

Are you currently out on bail or release on your own recognizance pending trial? If yes, please explain.

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment for the AOAA, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize AOAA to inquire into my education, professional and past employment history references as needed to research my qualifications for this position. I hereby give me consent to any former employer to provide employment-related information about me to the AOAA and will hold the AOAA and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I understand that the AAA will provide a separate Disclosure and Release required by law that will permit the AOAA to make such inquiries through the services of a third party.

If employed, I will be required to provide original documents which verify my identity and right to work in the United State under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

Signature

Date

ANTHRACITE OUTDOOR ADVENTURE AREA AUTHORITY
AUTHORIZATION TO OBTAIN INFORMATION/WAIVER

I, _____, having made application for employment with AOAA Authority, understand that AOAA Authority desires to obtain information concerning my background and character in order to better ascertain my qualifications for employment.

I hereby authorize AOAA Authority to investigate and ascertain any and all information concerning my background and character, which may be pertinent to my application for employment with AOAA Authority. I understand that the information may be obtained from any person, document or other source, within or outside the Commonwealth of Pennsylvania.

I hereby release all persons and AOAA Authority from any liability, which might otherwise result from the release of, said information to any member of AOAA Authority.

In consideration of this release, AOAA Authority shall regard all information obtained as confidential. I understand that the same shall not be released to any individual, including organization, absent good cause of myself.

I agree that AOAA Authority may admit this information into evidence in order to defend any administrative or court proceeding, which is initiated on my behalf. I regain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

I understand that I am not compelled to sign this authorization.

Applicant's Signature

Date

Social Security

Witness Signature

I, _____, having made application for employment with AOAA Authority, do not desire to sign the authorization stated above. I understand that if AOAA Authority is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background and character which is necessary to evaluate my qualifications to be accepted for employment by AOAA Authority, I may be passed over for such employment.

Applicant's Signature

Date

Witness Signature

Date

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I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNELL USE ONLY

ARRANGE INTERVIEW Yes No

REMARKS

EMPLOYED Yes No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name

Title & Date