

351 West Beau Street
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Washington, PA 15301
(724) 229-5083
(724) 684-8010
(724) 229-5086 (Fax)



David P. Suski
President/CFO
Linda Bell
Vice President
Bill Polachek
Chairman

*Please complete the application completely and return it to
351 West Beau Street, Suite 300, Washington, PA 15301, ATTN: Jeffrey Nobili or fax to (724)229-5086.*

1. Position Applied For _____ 2. Agency _____

3. Social Security Number _____

4. Full Legal Name _____ 5. Home Phone _____
Last First Middle

6. Address _____ 7. Business Phone _____
City PA Zip

8. Education

- a. College you are attending _____
- b. Check your current college status Senior Junior Sophomore Freshman Grad School
- c. College Major _____ College Minor _____
- d. Planned Completion Date (Month/Year) _____

9. **Experience** – Use additional paper if necessary. Starting with the most recent, describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Supervisor _____
Title _____
Salary (start) _____ (finish) _____ Equipment/Technology Used _____
Dates (mo/yr) _____ to _____
 Full Time Part Time Reason for Leaving _____
Hours per Week _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Supervisor _____
 Title _____
 Salary (start) _____ (finish) _____ Equipment/Technology Used _____
 Dates (mo/yr) _____ to _____
 Full Time Part Time Reason for Leaving _____
 Hours per Week _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Supervisor _____
 Title _____
 Salary (start) _____ (finish) _____ Equipment/Technology Used _____
 Dates (mo/yr) _____ to _____
 Full Time Part Time Reason for Leaving _____
 Hours per Week _____

d. Use this space for any additional information you think would help evaluate your application, including training, seminars, workshops, and special achievements or specialized skills _____

e. Please list your computer/technology proficiencies and knowledge _____

10. **References**

List names, addresses and relationships of three individuals not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. When will you be able to start work? _____

12. Our normal business hours are Monday Through Friday, 8:30 am to 4:00 pm. What days/times will you not be available to work during these hours? _____

13. Do you have reliable transportation? _____

Certification – *Each application requires current date and original signature*

I hereby certify that all entries and attachments to this application are true and complete, and I agree and understand that any falsifications of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of WGCJTA, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and former educational institutions listed being listed being contacted regarding this application. I further authorize the WGCJTA, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature _____

Date _____