



SCHOOL TO EMPLOYMENT AT PENNDOT (STEP)

STUDENT APPLICATION/ELIGIBILITY VERIFICATION

Contact Information

| | | |
|----------------|------------|----------------|
| Last Name | First Name | Middle Name |
| Street Address | City | Zip |
| Home Phone | Cell Phone | E-Mail Address |

Personal/School Information

| | | |
|---------------------------------------|------------------|--|
| Grade Level | DOB (mm/dd/yyyy) | SSN (last 4 digits) |
| High School/Vocational School | City | County |
| School Phone Number | Overall GPA | Curriculum (e.g., college prep, business, technical - specify) |
| Days absent during Junior year: _____ | | |

Job Interest

Internship Goal/Interest: _____

Select the job group for which you are applying (See form P-49 Statement of Understanding):

- Skilled Trades
 Professional/Technical/Business
 Administrative

Special Skills: (List trades knowledge, business skills, software knowledge, typing speed, etc.)

Start Preference: Month _____ Day (AM or PM) _____

Additional Comments: _____

Choose the county(ies) where you will accept employment:

First Choice: _____ Second Choice: _____ Third Choice: _____

Any additional counties: _____

Relative Information:

Applies to all student temporary hiring regardless of age.

All applicants must disclose the identity of all relatives currently working for the Pennsylvania Department of Transportation. For purposes of the STEP Program, a relative is defined as a husband, wife, parent (biological, adoptive, step, or legal guardian), sibling (biological, adoptive, or step), grandparent (biological, adoptive, or step), aunt, uncle, niece, or nephew.

1. Do you have any relative(s) currently working for the Pennsylvania Department of Transportation?
 Yes No

2. If YES, complete the following:

Name of Relative _____

Relationship to You _____

Job Title of Relative _____

Work Location of Relative _____

Name of Relative _____

Relationship to You _____

Job Title of Relative _____

Work Location of Relative _____

Add additional relative information below.

Reference:

Provide the contact information of one adult not related to you who can provide a reference for you.

Name _____

Address _____

Telephone Number _____

Relationship to you _____

Signatures

(By signing my name, I attest that the information provided is accurate.)

Student _____

Date: (mm/dd/yyyy) _____

Parent or Legal Guardian _____

Date: (mm/dd/yyyy) _____

School Co-Op/Intern Director _____

Date: (mm/dd/yyyy) _____