



# APPLICATION FOR EMPLOYMENT

## LOWER PAXTON TOWNSHIP

425 Prince Street  
 Harrisburg, PA 17109  
 Telephone: 717-657-5600  
 Fax: 717-724-8311

APPLICANT INFORMATION						
Last Name		First		M.I.		Date
Street Address				Apartment/Unit		
City		State		Zip		
Home Phone		Cell Phone		E-mail Address		
Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary						
Position Desired:		Salary Desired:		Date Available for Work:		
How did you learn of this position?						
<i>If applying for a part-time position, please place an "X" under the day(s) you are available to work and/or list the hours you are available to work on particular days.</i>						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

GENERAL INFORMATION	
Have you previously worked for Lower Paxton Township? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," provide position held and dates of employment.
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of identity and eligibility to work in the U.S. shall be required upon employment)</i>	
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVER RECORD INFORMATION		
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number:	State of Issue:	Expiration Date:
Operator Class:	Endorsement:	
If "No," reason: <input type="checkbox"/> License Suspended    Suspension Expiration Date: _____ <input type="checkbox"/> License Revoked <input type="checkbox"/> Provisional License <input type="checkbox"/> Never Licensed to Drive <input type="checkbox"/> Other: _____		

EDUCATION			
High School	Address	Course of Study	Diploma (Y/N)
College	Address	Course of Study	Degree
Credits Earned	GPA	Honors/Awards	
Graduate School	Address	Course of Study	Degree
Credits Earned	GPA	Honors/Awards	
Other	Address	Course of Study	Degree
Credits Earned	GPA	Honors/Awards	

PROFESSIONAL LICENSES AND/OR CERTIFICATES					
<i>Lower Paxton Township seeks only information on professional licenses and/or certificates that are relevant to the position(s) the applicant is seeking to obtain.</i>					
Type	State Issued	Date Issued	Expiration Date	License No.	Verification
Type	State Issued	Date Issued	Expiration Date	License No.	Verification
Have your professional licenses and/or certificates ever been suspended, revoked, or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes," when and for what reason?		

MILITARY SERVICE	
Branch of U.S. Armed Forces:	Type of Discharge:
Dates of Service (MM/DD/YYYY) From:                      To:	
Are you a widow or widower of a deceased veteran or the spouse of a veteran who is 100% disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," describe the circumstances.	

### EMPLOYMENT HISTORY

**YOU MUST COMPLETE THIS SECTION OF THE APPLICATION** (a resume may be attached in addition to providing the requested information). **START WITH PRESENT OR MOST RECENT EMPLOYER.**

May we contact your current employer at this time?  Yes  No

Employer	Address	Telephone Number	Dates of Employment
Position Held	Starting Pay	Final Pay	Supervisor's Name/Title

Work Performed:

Reason for Leaving:

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

Employer	Address	Telephone Number	Dates of Employment
Position Held	Starting Pay	Final Pay	Supervisor's Name/Title

Work Performed:

Reason for Leaving:

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

Employer	Address	Telephone Number	Dates of Employment
Position Held	Starting Pay	Final Pay	Supervisor's Name/Title

Work Performed:

Reason for Leaving:

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

Employer	Address	Telephone Number	Dates of Employment
Position Held	Starting Pay	Final Pay	Supervisor's Name/Title

Work Performed:

Reason for Leaving:

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

### ADDITIONAL EMPLOYMENT/BACKGROUND INFORMATION

Have you ever been discharged from a job?  Yes  No

If "Yes," provide name of employer and reason.

Have you ever quit a job after being notified that you would be fired?  Yes  No

If "Yes," provide name of employer and reason.

Describe any specialized work-related training you received or apprenticeships you served.

Please include any additional information, volunteer work, school activities, or training received that is relevant to the position for which you are applying:

### SPECIALIZED SKILLS

*I have skills in and am familiar with the following areas and/or equipment:*

<input type="checkbox"/> Cash Register	<input type="checkbox"/> Access or Excel Spreadsheets	<input type="checkbox"/> Drafting	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Copier/Scanner	<input type="checkbox"/> Databases	<input type="checkbox"/> Reading of Blueprints	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Dictation Equipment	<input type="checkbox"/> Power Point	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Multi-line Telephone	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Mowing Equipment
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Truck Driving
<input type="checkbox"/> Word Processing WPM____	Other:		

List experiences on other job-related equipment and machines, any additional skills you have, and/or any processes with which you are familiar that are not listed above.

### REFERENCES

**List three supervisors, instructors or other individuals who can evaluate your work performance.  
(Do not list friends or relatives.)**

Name:	Telephone Number:
Address:	
Name:	Telephone Number:
Address:	
Name:	Telephone Number:
Address:	

**ADDITIONAL  
INFORMATION**

*Please read the following statements and acknowledge your understanding below.*

It is the policy of Lower Paxton Township (the Township) not to hire in any full-time capacity within the same department the spouse, child, parent, sibling, aunt, uncle, niece, or nephew of any existing full-time employee. Do you have any such relatives currently working for the Township?

Yes  No If "Yes," state name(s), relationship(s), position(s), and department(s) where relative(s) is(are) employed.

The Township adheres to the tenets of the Drug Free Workplace Act and has zero tolerance for the use of unlawful drugs in the workplace. The Township is a smoke-free workplace. Smoking is prohibited in Township-owned buildings and vehicles.

It is the Township's policy that full-time Township employment shall be the primary job of all full-time employees. The Township does not attempt to prohibit employees from engaging in secondary employment. However, it is the position of the Township that secondary employment cannot interfere with the effective performance of municipal duties and that secondary employment cannot be of a type that would reflect adversely upon the Township's public image. An employee should inform his/her supervisor or manager if he/she obtains secondary employment while working.

Persons who are actively seeking elected office within the municipality are not eligible for employment with Lower Paxton Township.

Certain municipal employees may be covered by the Federal Hatch Act. If you become such an employee, and subsequently run for the public office, or now hold public office, your employment will be terminated.

Certain criminal offenses may disallow employment of individuals in a department based on the date, charge, count, and grade of the offense.

I have read and understand the information stated above.

Yes  No

**PLEASE READ CAREFULLY BEFORE SIGNING**

I swear that this application and any and all documents to supplement or support it contain no falsifications or misrepresentations, nor do they omit or conceal any material facts. I swear that all information provided by me is true and complete to the best of my knowledge. I further acknowledge that the discovery, at any time, of any falsification, misrepresentation, omission, or concealment will result in my disqualification from consideration for employment or, if employed by Lower Paxton Township, in my dismissal from employment.

Further, I hereby consent to any lawful valid test, screen, examination or background investigation which Lower Paxton Township may require of all applicants for similar employment. I understand that this investigation may include inquiries to any or all current and former employers, whether or not cited by me on my application; references cited by me on my application; other person(s) who may have knowledge of my suitability for the employment I seek; and criminal background checks.

I understand that any employment will be on a six-month probationary basis. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by Lower Paxton Township for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Lower Paxton Township is an Equal Opportunity Employer. Employment with Lower Paxton Township is based strictly upon the qualifications of the individual as related to the work requirements of the position. These criteria are applied without regard to age, race, color, religion, sex including sexual orientation and gender identity, national origin, disability, genetic information, protected veteran status or any other classification protected by Federal, state, or local law. Applicants requiring an accommodation in the application process should contact Human Resources.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## LOWER PAXTON TOWNSHIP

### FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Lower Paxton Township and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I understand further that such pursuit shall be carried out in compliance with all applicable law (including, but not limited to, Title VII of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990 (ADA), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325); and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212).

Yet further, I understand that all information obtained will be used solely for the lawful assessment of my suitability for employment and will not be disclosed concurrently or subsequently except as necessary to the pursuit of assessment, or in compliance with lawful subpoena, unless disclosure for another purpose is explicitly authorized by me, in writing.

Finally, I hereby understand that failure by Lower Paxton Township to obtain information sufficient for assessment of my suitability for employment may, itself, be grounds for denial of said employment, whether or not there be evidence of misrepresentation by me or by any other party.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Lower Paxton Township or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## LOWER PAXTON TOWNSHIP Background Check Requirements

A Pennsylvania State Police record check is required on all prospective hires. Depending upon the length of an individual's Pennsylvania residency, a Federal Bureau of Investigation (FBI) criminal background check may be required.

Additionally, and in accordance with Act 153 of the Pennsylvania Child Protection laws, prospective employees that are deemed to be 1) mandatory reporters and/or have direct contact with children, or 2) are responsible for the care, supervision and control of children, are required to have a favorable Pennsylvania Child Abuse History Clearance in addition to a favorable Pennsylvania State Police record check and a favorable Federal Bureau of Investigation criminal background check. Certain criminal offenses may disallow employment of individuals in a department based on the date, charge, count, and grade of the offense.

Information on obtaining the required background checks is provided below. Please follow the instructions on the respective websites. The hiring manager will inform you when it is time to begin the background check process. **These background clearances must be dated within five (5) years of date of hire and must be repeated every five (5) years.**

### **Pennsylvania State Police Record Check**

<https://epatch.state.pa.us>

### **Pennsylvania Child Abuse History Clearance**

<https://www.compass.state.pa.us/cwis/public/home>

### **FBI Background Check**

<https://uenroll.identogo.com/>

Appointments to be fingerprinted are not required, but pre-registration is required and can be done either online or by phone. Use **Service Code 1KG738** (Pennsylvania Department of Human Services (DHS) – Child Care Services/Program Employee or Contractor) when registering.

To register online, please visit <https://uenroll.identogo.com/>.

To register by phone, please call 1-844-321-2101.

For fingerprinting locations in your area:

<https://www.identogo.com/locations>

A convenient location on the East Shore is listed below:

IdentoGO  
1800 Linglestown Road  
2<sup>nd</sup> Floor, Suite 201  
Harrisburg, PA 17110-3345  
Hours: Monday through Friday  
9:30 a.m. – 11:30 a.m.  
1:00 p.m. – 3:00 p.m.

Juveniles (14-17 years of age) may be exempt from an FBI criminal background check if a resident of Pennsylvania for ten (10) years and his/her parent or guardian affirms in writing that the minor has not committed a prohibited offense. You may request an exemption form from your hiring manager if this situation applies to you.