

**LOWER PAXTON TOWNSHIP
APPLICATION FOR EMPLOYMENT**

**425 PRINCE STREET
HARRISBURG, PA 17109
(717) 657-5600**

(Please Type or Print)

Position(s) Applied For: _____

Name: _____ Date: _____

Address: _____ Telephone Number: () _____ - _____
Street

_____ Social Security Number: _____ - _____ - _____
City State Zip Code

You must give complete, honest answers to all questions. You must be aware of the fact that if you are not forthcoming in your answers, which includes providing inaccurate information, and also failing to provide information clearly relevant to your application, that such deception will be viewed as an appropriate basis for dismissal, even if it is discovered long after you have been hired. Do you understand (Y/N)? _____

Attach additional sheets of paper, clearly labeled, to provide complete answers where insufficient space is provided on this form.

I certify that all information provided within this application is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

Signature of Applicant

BACKGROUND INFORMATION:

On what date would you be available for work? _____

If you are under 18 years of age, can you provide proof of your eligibility to work (Y/N or n/a)? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status (Y/N)? _____ (Proof of citizenship or immigration status shall be required upon employment)

Are you a legal resident of Pennsylvania (Y/N)? _____ If NO, explain: _____

Driver's License Number: _____ State: _____ Expires: _____
Operator Class: _____ Endorsements: _____ Driver for _____ years. Month/Year

Are you applying to work (Y/N): Full-Time _____, Part-Time _____, Temporary _____

Employees may be required to work more than forty hours per week as assigned. The Township provides overtime payment in compliance with the federal Fair Labor Standards Act for non-exempt employees. Are you willing to work in excess of forty hours per week (Y/N)? _____

If required, can you travel (Y/N)? _____ If required, can you work shifts (Y/N)? _____

It is the policy of 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 (Y/N)? _____ If "YES" state name(s) and relationship(s): _____

Do you smoke (Y/N)? _____ All things being equal, Lower Paxton Township would prefer to hire someone who does not smoke rather than someone who does.

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. Do you understand what this means? (Y/N) _____

It is the Township's policy that full-time Township employment shall be the main job of all full-time employees. If hired in a full-time capacity, will the Township job be your main job (Y/N)? _____

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. Do you have secondary employment (Y/N)? _____ If YES, please state employer and position. _____

Do you understand that it is against Lower Paxton Township's policy to employ persons who are actively seeking elected office within the municipality (Y/N)? _____

Certain municipal employees may be covered by the Federal Hatch Act. If you become such an employee, and subsequently run for public office, or now hold public office, you will be terminated. Do you understand what this means (Y/N)? _____

Are you an active member of any civic or charitable organizations (Y/N)? _____ If YES, please state particulars. _____

What training do you possess, or what hobbies or activities do you enjoy which do not relate directly to the position of employment you are seeking? _____

CREDIT HISTORY:

Are you timely and current in the payment of your real estate and income taxes; utility bills, including municipal water and sewage bills; and other debts (Y/N)? _____ Has full, complete, and timely payment of taxes and bills been consistent in the past (Y/N)? _____
If NO, please state particulars. _____

Do you own any property, or have an interest in a partnership, corporation, or other entity that owns property presently subject to a tax lien (Y/N)? _____ If YES, identify said property.

Have you ever declared bankruptcy (Y/N)? _____ If YES, indicated date of filing and any final disposition. _____

CRIMINAL HISTORY:

You may omit juvenile convictions for which public disclosure is not permitted and any convictions which have been expunged by a court of law.

Have you ever been convicted of a felony or misdemeanor (Y/N)? _____ If YES, provide complete details of each case, including disposition: _____

Have you ever been arrested or issued a summons or citation for any traffic or non-traffic violation (Y/N)? _____ If YES, provide complete details of each case, including disposition: _____

Have you ever been subject to a finding of a child or spousal abuse (Y/N)? _____

Are you now or have you ever been subject to a protection from abuse order (Y/N)? _____

Have you ever been subject to a finding of sexual harassment (Y/N)? _____

Are you presently a user of illegal drugs (Y/N)? _____

Have you ever used illegal drugs (Y/N)? _____ If YES, when is the last time you used illegal drugs? _____ If YES, please state particulars. _____

PLACES OF RESIDENCE:

List all places you have resided in the last five years.

Address: _____ Number of years: _____
Address: _____ Number of years: _____
Address: _____ Number of years: _____
Address: _____ Number of years: _____

EDUCATION:

High School: _____ Course of Study: _____

Address: _____
Diploma (Y/N)? _____ Honors/Awards: _____

College: _____ Course of Study: _____

Address: _____

Degree: _____ Credits Earned: _____ GPA: _____

Honors/Awards: _____

Graduate College: _____ Course of Study: _____

Degree: _____ Credits Earned: _____ GPA: _____

Honors/Awards: _____

Other: _____ Course of Study: _____

Degree: _____ Credits Earned: _____ GPA: _____

Honors/Awards: _____

MILITARY SERVICE:

Branch: _____ Serial Number: _____

From ____/____/____ To ____/____/____ Commanding Officer: _____

Address of Unit: _____ Telephone Number: () _____ - _____

EMPLOYMENT EXPERIENCE:

Current Employer: _____ Date Hired: _____

Address: _____

Telephone Number: () _____ - _____ Job Title: _____

Rate of Pay: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

May we contact your current employer (Y/N)? _____

Are you currently on "lay-off" status and subject to recall (Y/N)? _____

Did you receive performance evaluations at your last job (Y/N)? _____ What was the result of your last evaluation? _____

Most Recent Past Employer: _____ From ___/___/___ To ___/___/___

Address: _____

Telephone Number: () _____ - _____ Job Title: _____

Final Rate of Pay: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Did you receive performance evaluations at this job (Y/N)? _____ What was the result of your last evaluation? _____

2nd Past Employer: _____ From ___/___/___ To ___/___/___

Address: _____

Telephone Number: () _____ - _____ Job Title: _____

Final Rate of Pay: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Did you receive performance evaluations at this job (Y/N)? _____ What was the result of your last evaluation? _____

3rd Past Employer: _____ From ___/___/___ To ___/___/___

Address: _____

Telephone Number: () _____ - _____ Job Title: _____

Final Rate of Pay: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Did you receive performance evaluations at this job (Y/N)? _____ What was the result of your last evaluation? _____

4th Past Employer: _____ From ___/___/___ To ___/___/___

Address: _____

Telephone Number: () _____ - _____ Job Title: _____

Final Rate of Pay: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Did you receive performance evaluations at this job (Y/N)? _____ What was the result of your last evaluation? _____

your last evaluation? _____

Have you ever been fired from any job (Y/N)? _____ If YES, please state employer and reason. _____

Have you ever quit a job after being notified that you would be fired (Y/N)? _____ If YES, please state employer and reason. _____

Describe any specialized work-related training, apprenticeship, or skills. _____

REFERENCES (not family members):

Name: _____ Telephone Number: () _____ - _____
Address: _____

Name: _____ Telephone Number: () _____ - _____
Address: _____

Name: _____ Telephone Number: () _____ - _____
Address: _____

FAMILY MEMBERS:

List living relatives, including, spouse, children, father, mother, siblings, mother-in-law, and father-in-law. All relatives living at the same address may be listed on the same line.

Name(s): _____ Telephone Number: () _____ - _____
Address: _____

Name(s): _____ Telephone Number: () _____ - _____
Address: _____

Name(s): _____ Telephone Number: () _____ - _____
Address: _____

Name(s): _____ Telephone Number: () _____ - _____
Address: _____

Name(s): _____ Telephone Number: () _____ - _____

Address: _____

Name(s): _____ Telephone Number: () _____ - _____

Address: _____

NEED FOR REASONABLE ACCOMODATION:

Answer this question only if you have received and read the job description for the position for which you have applied.

Do you have the ability to perform the Essential Functions of the position for which you have applied, with or without reasonable accommodations (Y/N)? _____ If reasonable accommodations are necessary, please provide particulars. _____

This application for employment shall be considered active for a period of six (6) months.

Official Use Only:

No Immediate Openings (application to be kept on file 6 months): _____ (check, if applicable)

Letter Sent: _____ (see attached)

Not Selected for Interview: _____ (check, if applicable) Letter Sent: _____ (see attached)

Interview (s) Conducted by: _____ Date (s): _____

Interview (s) Conducted by: _____ Date (s): _____

Not Selected for Consideration After Interview: _____ (check, if applicable) Letter Sent: _____ (see attached)

Background Investigation Requested by: _____ Date: _____

Background Investigation Completed by: _____ Date: _____

Not Selected for Consideration After Background Investigation: _____ (check, if applicable) The applicant has been informed of the reason (s) rendering him/her unsuitable for employment. Letter Sent: _____ (see attached)

Decision to Employ Made by: _____ Date: _____

Township Manager or Department Director: _____ ***Date:*** _____

Offer of Employment Extended by: _____ Date: _____

Letter Sent: _____ (see attached)

Offer of Employment Accepted: _____ First Day of Work: _____

**LOWER PAXTON TOWNSHIP
AUTHORIZATION TO OBTAIN INFORMATION**

Date

I, _____, having made application for employment with Lower Paxton Township, and understanding that I am not compelled to sign this authorization, desire Lower Paxton Township to be informed as to my background, credit rating, education, employment history, and character.

I hereby authorize Lower Paxton Township or any person or entity acting on its behalf, to investigate and ascertain any and all information concerning my background, education, employment history, credit rating and character which may pertain to my qualifications to be considered for employment with Lower Paxton Township. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history.

I hereby release Lower Paxton Township, any person or entity action on its behalf, and all other persons from any liability as a result of releasing information to any employee/official of Lower Paxton Township, or any person or entity acting on behalf. I further understand that in consideration for said release, Lower Paxton Township shall regard all information obtained as confidential and shall not release same to any person without my expressed, written consent.

Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Signature

Date

I, _____, having made application for employment with Lower Paxton Township expressly REFUSE to sign the authorization stated above. I further understand that if Lower Paxton Township is unable, through reasonable investigate methods, to obtain information that is necessary to evaluate my qualifications to be accepted for employment, I may be rejected for such employment.

Witness

Signature

Date

**LOWER PAXTON TOWNSHIP
AUTHORIZATION TO OBTAIN INFORMATION**

Date

I, _____, having made application for employment with Lower Paxton Township, and understanding that I am not compelled to sign this authorization, desire Lower Paxton Township to be informed as to my background, credit rating, education, employment history, and character.

I hereby authorize Lower Paxton Township or any person or entity acting on its behalf, to investigate and ascertain any and all information concerning my background, education, employment history, credit rating and character which may pertain to my qualifications to be considered for employment with Lower Paxton Township. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history.

I hereby release Lower Paxton Township, any person or entity action on its behalf, and all other persons from any liability as a result of releasing information to any employee/official of Lower Paxton Township, or any person or entity acting on behalf. I further understand that in consideration for said release, Lower Paxton Township shall regard all information obtained as confidential and shall not release same to any person without my expressed, written consent.

Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

D.O.B. _____

Signature

S.S. # _____

Print Name

Date

I, _____, having made application for employment with Lower Paxton Township expressly REFUSE to sign the authorization stated above. I further understand that if Lower Paxton Township is unable, through reasonable investigate methods, to obtain information that is necessary to evaluate my qualifications to be accepted for employment, I may be rejected for such employment.

Witness

Signature Date