



## LOWER PAXTON TOWNSHIP

### APPLICATION FOR EMPLOYMENT

425 Prince Street  
Harrisburg, PA 17109  
(717) 657-5600

Application Information						
Last Name		First		M.I.		Date
Street address				Apartment/Unit#		
City		State		Zip		
Home Phone		E-mail Address		Cell number		
Type of Employment Desired		Full Time	Part Time		Temporary	
Position Desired:		Salary Desired:		Date Available:		
<i>If PART-TIME, HOURS AVAILABLE: (place hours available or an x next to the date if any time is okay)</i>						
Sun -	Mon -	Tues -	Wed -	Thur -	Fri -	Sat
How did you learn of this position?						

**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? Yes or No \_\_\_\_\_.**

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

I certify that my answers are true and complete to the best of my knowledge and belief and is made in good faith. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

BACKGROUND INFORMATION		
On what date would you be available for work?		
Have you ever worked for this Township (Yes/No)		If so when
Are you a U.S. Citizen (Yes/No)?	If no are you authorized to work in the U.S.?	
If you are under 18 years of age, can you provide proof of your eligibility to work ( Yes or No or N/A)?		
Are you prevented from lawfully, becoming employed in this country because of Visa or Immigration status (Yes/No)? <i>( Proof of citizenship or immigration status shall be required upon employment)</i>		
Are you a legal resident of Pennsylvania(Yes/No)?		
If No, please explain:		
Driver's License Number:	State:	Expires:
Operators Class:	Endorsement:	Drive for _____ years.

**BACKGROUND INFORMATION**

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 (Yes/No)?

If required, can you travel (Yes/No)?

If required, can you work shifts(Yes/No)?

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 (Yes/ No)? \_\_\_\_\_ If "Yes" state name(s) and relationship(s).

Do you smoke (Yes/No) \_\_\_\_\_? 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? (Yes/No)?

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 (Yes/No)?

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 (Yes/No)? \_\_\_\_\_ 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 (Yes/No)?

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, you will be terminated. Do you understand what this means (Yes/No)?

Are you an active member of any civic or charitable organization ( Yes/No)? \_\_\_\_\_  
If yes, please state particulars.

**CREDIT HISTORY**

Are you timely and current in the payment of you real estate and income taxes; utility bills, including municipal water and sewage bills; and other debts (Yes/No)? \_\_\_\_\_ Has full, complete, and timely payments of taxes and bills been consistent in the past (Yes/No)? \_\_\_\_\_ 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 subjected to a tax lien (Yes/No)? \_\_\_\_\_ If Yes, indicated said property.

Have you ever declared bankruptcy (Yes/No) \_\_\_\_\_ If Yes, indicate date of filing and any final disposition \_\_\_\_\_

## CRIMINAL HISTORY

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

Have you been convicted of a felony or misdemeanor (Yes/No)? \_\_\_\_\_ If Yes, provide complete details of each case, including disposition (A conviction does not necessarily cause disqualification from employment ) \_\_\_\_\_

Have you been arrested or issued a summons or citation for any traffic or non-traffic violation (Yes/No)? \_\_\_\_\_ If Yes, provide complete details of each, including disposition: \_\_\_\_\_

Have you ever been subject to a finding of child or spousal abuse (Yes/No)?

Are you now or have you ever been subject to a protection from abuse order (Yes/No)?

Have you ever been subjected to a finding of sexual harassment (Yes/No)?

Are you presently a user of illegal drugs (Yes/No)?

Have you ever used illegal drugs (yes/No)? \_\_\_\_\_ 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:

## EDUCATION

HIGH SCHOOL	ADDRESS	COURSE OF STUDY	DIPLOMA (Y/N)
COLLEGE	ADDRESS	COURSE OF STUDY	DEGREE
CREDITS EARNED	GPA	HONORS/AWARDS	
GRADUATE COLLEGE	ADDRESS	COURSE OF STUDY	DEGREE
CREDITS EARNED	GPA	HONORS/AWARDS	
OTHER	ADDRESS	COURSE OF STUDY	Degree
CREDITS EARNED	GPA	HONORS/AWARDS	

<b>MILITARY SERVICE</b>	
Branch:	Serial Number:
From: ___/___/___ to ___/___/___	Commanding Officer:
Address of Unit:	Telephone Number:

<b>EMPLOYMENT EXPERIENCE</b>			
Current Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall(Yes/No)?			

<b>EMPLOYMENT EXPERIENCE</b>			
Most Recent Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall(Yes/No)?			

2nd Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall(Yes/No)?			

3rd Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			

Reason for Leaving:	May we contact your current employer (Yes/No)?
Are you currently on "Lay-off" status and subject to recall(Yes/No)?	

4th Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:	May we contact your current employer (Yes/No)?		
Are you currently on "Lay-off" status and subject to recall(Yes/No)?			

<b>ADDITIONAL INFORMATION</b>
Have you ever been fired from any job (Yes/No)?
If Yes, Please state employer and reason.
Have you ever quit a job after being notified that you would be fired(Yes/No)?_____ If Yes, please state employer and reason.
Describe any specialized work-related Training, o rapprenticeships.

<b>SPECIALIZED SKILLS</b>																					
<i>I have skills in and am familiar with the following areas and or machinery:</i>																					
<table border="1"> <tr> <td>Typewriter WPM_</td> <td>Short Hand</td> <td>Dictating Equipment</td> </tr> <tr> <td>Duplicating Machine</td> <td>Reading of Blue Prints</td> <td>Drafting</td> </tr> <tr> <td>Computer Programming</td> <td>Data Bases</td> <td>Word Processing</td> </tr> <tr> <td>Spread Sheets</td> <td>Power Point</td> <td>Truck Driving</td> </tr> <tr> <td>Heavy Equipment</td> <td>Electrical Work</td> <td>Carpentry</td> </tr> <tr> <td>Plumbing</td> <td>Mechanic</td> <td>Mowing Equipment</td> </tr> <tr> <td>Accounting/Bookkeeping</td> <td>Other:</td> <td></td> </tr> </table>	Typewriter WPM_	Short Hand	Dictating Equipment	Duplicating Machine	Reading of Blue Prints	Drafting	Computer Programming	Data Bases	Word Processing	Spread Sheets	Power Point	Truck Driving	Heavy Equipment	Electrical Work	Carpentry	Plumbing	Mechanic	Mowing Equipment	Accounting/Bookkeeping	Other:	
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Accounting/Bookkeeping	Other:																				
List experiences on other job related equipment and machines, any additional skills you have and/or any processes with which you are familiar with that are not listed above.																					

<b>REFERENCES (not family members)</b>	
<b>Name:</b>	<b>Telephone Number:</b>
<b>Address:</b>	
<b>Name:</b>	<b>Telephone Number:</b>
<b>Address:</b>	
<b>Name:</b>	<b>Telephone Number</b>
<b>Address:</b>	

**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.

<b>Name:</b>	<b>Telephone Number</b>
<b>Address:</b>	
<b>Name:</b>	<b>Telephone Number</b>
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<b>Address:</b>	

**NEED FOR REASONABLE ACCOMODATION**

*Note to Applicant: Don not answer this question unless 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 (Yes/No)?

If reasonable accommodations are necessary, please provide particulars.







