



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: |
| Operator 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: |
| Address: | Number of years: |
| Address: | Number of 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 | |

| MILITARY SERVICE | |
|----------------------------------|---------------------|
| Branch: | Serial Number: |
| From: ___/___/___ to ___/___/___ | Commanding Officer: |
| Address of Unit: | Telephone Number: |

| EMPLOYMENT EXPERIENCE | | | |
|--|--------------|--|------------|
| 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)? | | | |

EMPLOYMENT EXPERIENCE

| | | | |
|---|--------------|--|------------|
| 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)? | | | |

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|---|--------------|--|------------|
| 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)? | | | |

ADDITIONAL INFORMATION

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 list the employer and reason.

Describe any specialized work-related Training, or apprenticeships.

SPECIALIZED SKILLS

I have skills in and am familiar with the following areas and or machinery:

| | | |
|------------------------|------------------------|---------------------|
| 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: | |

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.

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: | Telephone Number |
|-------|------------------|

Address:

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| Name: | Telephone Number |
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Address:

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

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| Name: | Telephone Number |
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Address:

NEED FOR REASONABLE ACCOMMODATION

Note to Applicant: Do 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.



LOWER PAXTON TOWNSHIP

Authorization for Pursuit of Confidential Information

I, _____, having made application for employment with Lower Paxton Township, 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 and/or information, which tends to actually identify a disability. I also do not authorize inquiries which would include information related to any medical condition or medical history.

I hereby release Lower Paxton Township, or any person or entity acting 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 its 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 Lower Paxton Township or by entities or persons providing such information to Lower Paxton Township, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age, or disability.

Applicant's Signature

Date

Lower Paxton Township & Friendship Center Background Check Requirements

In accordance with Act 153 (Penna. Child Protection laws) the following background clearance requirements are broken down for prospective employees.

Background Clearances are required for potential employees that are deemed to be mandatory reporters and/or have direct contact with children, responsible for the care, supervision and control of children:

In order to begin employment with Lower Paxton Township Friendship Center, the following clearances must be provided. Some offenses may prohibit employment due to the environment and nature of the job.

1. Lower Paxton Twp. background inquiry waiver
Submit with application for employment
2. Penna. State Police <https://epatch.state.pa.us>
Must be dated within three years
3. Penna Child Abuse <https://www.compass.state.pa.us/cwis/public/home>
Must be dated within three years
4. FBI clearance
Must be dated within three years

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 when registering.

To register online, please visit:

<https://www.identogo.com/locations/pennsylvania> or <https://uenroll.identogo.com/>

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

Digital fingerprinting-Penna. DHS- Child Care Services- service code 1KG738

Juveniles (14-17 years of age): May be exempt if a resident for ten (10) years and guardian affirms in writing that the minor has not committed a prohibited offense. You may request a form from your hiring manager if this situation applies to you.