



Mailing Address

**P.O. Box 277
Dauphin, PA 17018**

Office Address

**10 Elizabeth Avenue
Dauphin PA, 17018**

Phone: 717-921-8128

Fax 717-474-8146

Middle Paxton Township

Application for Employment

Last Name	First	M.I.	Date			
Street Address		Apartment/Unit #				
City	State	Zip code				
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</i> (place hours available or an x next to the date if any time is okay)						
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 _____.

Attach 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 are 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.?

Are you prevented from lawfully, becoming employed in this country because of Visa or Immigration Status? (Yes/No)
(Proof of citizenship or immigration status shall be required upon employment)

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.

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, Middle 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 Middle Paxton Township's policy to employ persons who are actively seeking elected office within the municipality? (Yes/No)

Are you an active member of any civic or charitable organization? (Yes/No)

If yes, please state particulars: _____

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 detail 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)

Have you ever been subject 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:
Address:	Number of years:

MILITARY SERVICE

Branch:	Serial Number:
From: ____/____/____ to ____/____/____	Commanding Officer:
Address of Unit:	Telephone Number:

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	

EMPLOYMENT EXPERIENCE

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

EMPLOYMENT EXPERIENCE

2nd Past Employer	Address		Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor	
Work Performed:				
Reason for Leaving:			May we contact you current employer (Yes/No)	

EMPLOYMENT EXPERIENCE

3rd Past Employer	Address		Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor	
Work Performed:				
Reason for Leaving:			May we contact you current employer (Yes/No)	

EMPLOYMENT EXPERIENCE

4th Past Employer	Address		Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor	
Work Performed:				
Reason for Leaving:			May we contact you current employer (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 (NO FAMILY MEMBERS)

Name:	Telephone Number:
-------	-------------------

Address:

Name:	Telephone Number:
-------	-------------------

Address:

Name:	Telephone Number:
-------	-------------------

Address:

NEED FOR REASONABLE ACCOMMODATIONS

Do you have the ability to perform the Essential functions of the position for which you have, with or without reasonable accommodations? (Yes/No)

If reasonable accommodations are necessary, please provide particulars: