



# LOWER ALLEN TOWNSHIP APPLICATION FOR EMPLOYMENT

2233 GETTYSBURG ROAD  
CAMP HILL, PA 17011  
(717) 975-7575

Veteran's Preference: Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_

**Note: The Township considers applicants for all positions regardless of race, color, religion, gender, national origin, age, disability, marital status or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact Human Resources.**

## GENERAL INFORMATION

(Please print plainly in Ink or Type!)

NAME - LAST		FIRST		M.I.	
ADDRESS			CITY		STATE
ZIP					
PHONE - HOME		WORK		CELL	
TYPE OF EMPLOYMENT DESIRED (PLACE X IN APPLICABLE BOX(S))		FULL TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	
POSITION DESIRED		SALARY DESIRED \$		DATE AVAILABLE	
IF PART-TIME, HOURS AVAILABLE: (place hours available or an X in applicable box(s) if anytime is okay)					
SUN -	MON -	TUE -	WED -	THU -	FRI -
SAT -					
HOW DID YOU HEAR ABOUT US? (i.e., friend, relative, college posting, newspaper ad, other (please explain) _____)					

	YES	NO
1. Are you over 18 years of age?	_____	_____
2. Do you have a legal right to work in the United States?	_____	_____
3. Were you previously employed by Lower Allen Township? Year: _____ Department: _____	_____	_____
4. Do you have any relatives who are elected officials of Lower Allen Township or are employed by Lower Allen Township?	_____	_____
5. Have you ever been convicted of a felony or misdemeanor? (A conviction does not necessarily cause disqualification from employment) If yes, please explain _____	_____	_____
6. Can you perform the essential functions of the job outlined on the attached job description? (Do not answer if you do not have a copy of the job description.)	_____	_____
7. Do you have a valid Pennsylvania or other state drivers license? If yes, State: _____ Number: _____	_____	_____
8. Do you have a valid Chauffeur's or Commercial drivers license? If yes, State: _____ Number: _____	_____	_____
9. Are you presently employed?	_____	_____
10. May we contact your current employer?	_____	_____

## VETERAN'S STATUS

Have you served in the Armed Forces of the United States?	Yes _____	No _____
If Yes		
What date did you begin your service commitment? _____		
What is the original term of your commitment? From _____ To _____		
Do you have an honorable discharge? Yes _____ No _____		
Attach a copy of your DD214, Member-4 copy to this application		
Are you claiming Veteran's preference in employment?	Yes _____	No _____
Have you claimed Veteran's preference at any time since October 1, 1987?	Yes _____	No _____

NOTE: EVERY APPLICANT ACCEPTABLE FOR EMPLOYMENT MAY BE REQUIRED TO PASS A PHYSICAL EXAMINATION GIVEN BY A PHYSICIAN WHICH INCLUDES A DETERMINATION OF FITNESS FOR THE JOB IN QUESTION, AND MUST PASS A STANDARD DRUG ABUSE SCREENING.

**ADDRESSES:** List all addresses for past ten years beginning with current address.

Dates: From/To	Address	With Whom Did You Live & Where Do They Live Now?

## EMS/FIREFIGHTER QUALIFICATIONS

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

EMT # _____	Expiration Date _____	CPR Instructor, Am Heart	Emergency Vehicle Operation Course (EVOC)
First Responder	Expiration Date _____	CPR Instructor, Red Cross	Basic Trauma Life Support (BTLS)
Paramedic # _____	Expiration Date _____	EMT Instructor	AED (semi) Automated External Defibrillator
Health Care Provider	Expiration Date _____	Other Instructor (explain below)	Vehicle Rescue
CPR Red Cross	Expiration Date _____	Firefighter I	Haz-Mat
CPR Am Heart	Expiration Date _____	Firefighter II	Other Specialized Courses

List experience 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. \_\_\_\_\_

## VOCATIONAL OR PROFESSIONAL SKILLS

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

Calculator/Adding Machine	Data Bases	Electrical Work
Typewriter WPM _____	Computer Programming	Carpentry
Shorthand	Word Processing	Plumbing
Dictating Equipment	Spread Sheets	Mowing Equipment
Reading of Blue Prints	Desktop Publishing	Accounting/Bookkeeping
Duplicating Equipment	Truck Driving	Other:
Drafting	Heavy Equipment	

List experience 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

List a mix of character references who have knowledge of either your qualifications for this position or know you personally. List 5 character references. (Do not list relatives, former employers, or persons living outside the United States.)

NAME	ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE	YEARS KNOWN

# EMPLOYMENT

Begin with your most recent job and list your work history, including part-time, temporary or seasonal employment, and all periods of unemployment.

<b>EMPLOYER</b>		<b>DATES</b>	<b>WORK PERFORMED:</b>
<b>ADDRESS</b>		FROM _____	
		TO _____	
<b>PHONE</b>		<b>SALARY</b>	
<b>JOB TITLE</b>		START: _____	<b>REASON FOR LEAVING:</b>
<b>SUPERVISOR</b>		FINAL: _____	
<b>EMPLOYER</b>		<b>DATES</b>	<b>WORK PERFORMED:</b>
<b>ADDRESS</b>		FROM _____	
		TO _____	
<b>PHONE</b>		<b>SALARY</b>	
<b>JOB TITLE</b>		START: _____	<b>REASON FOR LEAVING:</b>
<b>SUPERVISOR</b>		FINAL: _____	
<b>EMPLOYER</b>		<b>DATES</b>	<b>WORK PERFORMED:</b>
<b>ADDRESS</b>		FROM _____	
		TO _____	
<b>PHONE</b>		<b>SALARY</b>	
<b>JOB TITLE</b>		START: _____	<b>REASON FOR LEAVING:</b>
<b>SUPERVISOR</b>		FINAL: _____	
<b>EMPLOYER</b>		<b>DATES</b>	<b>WORK PERFORMED:</b>
<b>ADDRESS</b>		FROM _____	
		TO _____	
<b>PHONE</b>		<b>SALARY</b>	
<b>JOB TITLE</b>		START: _____	<b>REASON FOR LEAVING:</b>
<b>SUPERVISOR</b>		FINAL: _____	

(If you need more space, please continue on a separate sheet of paper.)

# EDUCATION

List all elementary, junior high, and high schools attended. Please include addresses.

NAME	ADDRESS	YEARS COMPLETED	GRADUATED YES/NO

Higher education. List all colleges or universities attended.

NAME	ADDRESS	DATES FROM/TO	CREDIT HOURS SEMESTER/QTR	DEGREE REC'D/ YEAR

MAJOR COURSE OF STUDY: \_\_\_\_\_

MINOR COURSE OF STUDY: \_\_\_\_\_

List courses taken relevant to job position applied for:

\_\_\_\_\_

\_\_\_\_\_

Other schools or training (trade, vocational, military). Give the name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

\_\_\_\_\_

\_\_\_\_\_

## **PLEASE READ CAREFULLY**

**The Township of Lower Allen does not discriminate in hiring or employment on the basis of race, color, religion, gender, national origin, age, disability, marital status or any other legally protected status. If and when you are considered for an open position, a check will be made with your past employers concerning your work record, a criminal history check and if you would be driving a Township vehicle at any time, a check will be made with the Bureau of Motor Vehicles concerning your driving record. You have the right to request information about the nature and scope of these investigations.**

**This application will be held on file for one year. If you do not want the Township to contact any of the employers you have listed, please place a "No" beside that name. Otherwise, it is assumed you have no objection to calling the employers listed for information.**

**Please indicate below if you have read and understand the foregoing disclosure:**

**I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND ACCURATE, AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS OR INFORMATION THAT WOULD AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS ARE GROUNDS FOR REJECTION, AND IF I BECOME EMPLOYED ARE GROUNDS FOR TERMINATION.**

**I AUTHORIZE THE TOWNSHIP TO CONTACT ALL SOURCES NECESSARY TO VERIFY THIS INFORMATION. FURTHERMORE, I RELEASE FROM LIABILITY LOWER ALLEN TOWNSHIP AND ANY EMPLOYER OR PERSON OFFERING INFORMATION IN CONNECTION WITH A BACKGROUND INVESTIGATION RELATING TO OBTAINING THE POSITION I'VE APPLIED FOR WITH LOWER ALLEN TOWNSHIP.**

**ANY MEDICAL AND PSYCHOLOGICAL EXAM OR DRUG TEST RESULTS MAY BE SHARED WITH PERSONS INVOLVED IN MAKING THE HIRING DECISION FOR THE POSITION I AM APPLYING FOR.**

**I UNDERSTAND THAT IN THE EVENT I AM HIRED, MY STATUS WILL BE THAT OF AN "AT-WILL" EMPLOYEE. I SPECIFICALLY AGREE THAT MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF THE TOWNSHIP OR MYSELF.**

**Applicant Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

# EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, and other legally protected status.

As an employer with an Equal Opportunity Plan, we comply with government regulations, including Equal Opportunity responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data records are kept in a confidential file and ARE NOT part of your application for Employment or personnel file. PLEASE NOTE: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

## VOLUNTARY SURVEY (Please Print)

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Equal Opportunity Plan. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT JOB: \_\_\_\_\_

### CHECK ONE OF THE FOLLOWING IN EACH CATEGORY:

SEX:  MALE  FEMALE  
VETERAN:  YES  NO  
ETHNIC ORIGIN:  WHITE  HISPANIC  ASIA/PACIFIC ISLANDER  
 BLACK  AMERICAN INDIAN  OTHER

**PLEASE ENSURE THIS FORM IS DETACHED FROM THE ORIGINAL APPLICATION. FILE IT IN THE EEO FILE.**