

# APPLICATION FOR EMPLOYMENT

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Date: \_\_\_\_\_ Name: \_\_\_\_\_  
LAST FIRST MI

Position applying for: \_\_\_\_\_

Department: \_\_\_\_\_

Requisition Number: \_\_\_\_\_

\_\_\_\_ Full-Time                      \_\_\_\_ Part-Time                      \_\_\_\_ Summer  
\_\_\_\_ Day Shift                      \_\_\_\_ Evening Shift                      \_\_\_\_ Night Shift

*Thank you for your interest in employment opportunities with Dauphin County. Please adhere to the following to submit an application:*

- The application must specify the position for which you are applying, department and requisition number of the job posting.
- A separate application must be fully completed and printed by hand or typewritten for each position for which you are applying.
- Please review the minimum education, experience and training requirements and other requirements outlined on the job posting for the position for which you are applying.
- Please reference our Prohibited Offenses Listing on our website for a listing of criminal offenses that may disallow employment of individuals in a particular department based on one or more of these convictions.

**Mailing Address:**

Dauphin County Human Resources  
P.O. Box 1295  
Harrisburg, PA 17108-1295

Phone: (717) 780-6230  
Office Hours: 8:00 AM – 4:30 PM  
Monday - Friday

**Street Address:**

Dauphin County Administration Bldg.  
2 South Second Street, 5<sup>th</sup> Floor  
Harrisburg, PA 17101

Fax: (717) 257-1562  
Email: [humanresources@dauphinc.org](mailto:humanresources@dauphinc.org)  
Web Site: [www.dauphincounty.org](http://www.dauphincounty.org)

- ❖ Optional - While an application can be submitted without a resume, including a resume provides the opportunity for you to state your skills, qualifications and experiences in an expanded format.



County of Dauphin

## PERSONAL INFORMATION

(Include any former names you used that will be necessary to verify previous employment and education.)

Name		Social Security Number	
Street Address	City	State	Zip Code
Home Phone	Business Phone		
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (You will be required to furnish documents providing identity and eligibility to work in the U.S. if you are extended a job offer)	

## GENERAL INFORMATION

Date available for work _____ What is desired salary range?	Have you previously worked for Dauphin County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? In what department? In what capacity?
Do/does any member(s) of your immediate family work for Dauphin County? _____ "Immediate family" includes one's mother, father, sister, brother, spouse, son, daughter, grandmother, grandfather. If "yes," please complete the following: Name of Relative _____ Relationship to Applicant _____ Department/Position where Relative is Employed _____	
Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully.	

## EDUCATIONAL BACKGROUND

Name & Location of High School Last Attended. Did you Graduate from High School or Receive GED?  Yes  No

Name & Location of College(s), University(ies) Technical, Graduate or Other Schools	Course	Grade Average	
	Major	Grade Avg.	Specify Degree Awarded

## PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type	State Issued	Date Issued	Expiration Date	License No.	Verification

Have your professional licenses and/or certificates ever been suspended, revoked or placed on probation?  Yes  No

If yes, when and for what reason?

Dauphin County seeks only information on professional licenses and/or certificates that are relevant to the position(s) the applicant is seeking to obtain.

## DRIVER RECORD INFORMATION

Do you possess a valid driver's license?  Yes  No  Never licensed to drive

State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ Driver License # \_\_\_\_\_

If No, reason:  License Suspended Suspension Expiration Date \_\_\_\_\_  License Revoked

Provisional License Other: \_\_\_\_\_

## SPECIALIZED SKILLS

## COMPUTER SKILLS

 Type \_\_\_\_\_ W.P.M.

 Access

 Excel

 Bookkeeping     Dictaphone

 Word

 Other \_\_\_\_\_

## EMPLOYMENT HISTORY

**YOU MUST COMPLETE THIS SECTION OF THE APPLICATION** (*a resume may be attached in addition to providing the requested information*). START WITH PRESENT OR LAST JOB.

From: Mo. _____ Yr. _____	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
	Position Held	Starting Salary	Final Salary
	Responsibilities:	\$ _____	\$ _____
To: Mo. _____ Yr. _____	Reason for Leaving:		
	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
	Position Held	Starting Salary	Final Salary
From: Mo. _____ Yr. _____	Responsibilities:		\$ _____
	Reason for Leaving:		\$ _____
	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
To: Mo. _____ Yr. _____	Position Held	Starting Salary	Final Salary
	Responsibilities:		\$ _____
	Reason for Leaving:		\$ _____
	Firm Name & Address, City, State		
From: Mo. _____ Yr. _____	Supervisor's Name/Title		Phone Number
	Position Held	Starting Salary	Final Salary
	Responsibilities:		\$ _____
	Reason for Leaving:		\$ _____
To: Mo. _____ Yr. _____	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
	Position Held	Starting Salary	Final Salary
	Responsibilities:		\$ _____
From: Mo. _____ Yr. _____	Reason for Leaving:		\$ _____
	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
	Position Held	Starting Salary	Final Salary
To: Mo. _____ Yr. _____	Responsibilities:		\$ _____
	Reason for Leaving:		\$ _____
	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
From: Mo. _____ Yr. _____	Position Held	Starting Salary	Final Salary
	Responsibilities:		\$ _____
	Reason for Leaving:		\$ _____
	Firm Name & Address, City, State		
To: Mo. _____ Yr. _____	Supervisor's Name/Title		Phone Number
	Position Held	Starting Salary	Final Salary
	Responsibilities:		\$ _____
	Reason for Leaving:		\$ _____

# MILITARY SERVICE

Branch of U.S. Armed Forces

Dates of Service (format MM/DD/YYYY)

Type of Discharge

From / / To / /

Are you a widow or widower of a deceased veteran or a spouse to a veteran who is 100% disabled?  Yes  No

If so, describe the circumstances.

## ADDITIONAL INFORMATION

*Please include any additional information, volunteer work, school activities or training received that is relevant to the position for which you are applying.*

## REFERENCES

List three supervisors, instructors or other individuals who can evaluate your work performance.

**(Do not list friends or relatives)**

_____ Name	_____ Name
_____ Address	_____ Address
_____ City State Zip	_____ City State Zip
_____ Telephone Number (including area code)	_____ Telephone Number (including area code)
_____ Name	
_____ Address	May we contact your current employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ City State Zip	
_____ Telephone Number (including area code)	

### ***PLEASE READ CAREFULLY BEFORE SIGNING***

I swear that this application and any and all documents to supplement or support it contain no falsifications or misrepresentations, nor do they omit or conceal any material facts. I swear that all information provided by me is true and complete to the best of my knowledge. I further acknowledge that the discovery, at any time, of any falsification, misrepresentation, omission, or concealment will result in my disqualification from consideration for employment or, if employed by the County of Dauphin, in my dismissal from employment.

Further, I hereby consent to any lawful valid test, screen, examination or background investigation which the County of Dauphin may require of all applicants for similar employment. I understand that this investigation may include inquiries to any or all current and former employers, whether or not cited by me on my application; references cited by me on my application; other person(s) who may have knowledge of my suitability for the employment I seek; and criminal background checks.

I understand that any employment will be on a six month probationary basis. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the County for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Employment with the County is based strictly upon the qualifications of the individual as related to the work requirements of the position. This criteria is applied without regard to age, race, color, religion, sex (including sexual orientation and gender identity), national origin, disability, protected veteran status or any other classification protected by Federal, state, or local law.

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

\_\_\_\_\_  
Date

*The County of Dauphin is an Equal Opportunity/Affirmative Action Employer*

# DAUPHIN



# COUNTY

DEPARTMENT OF HUMAN RESOURCES

DAUPHIN COUNTY ADMINISTRATION BUILDING  
2 SOUTH SECOND STREET  
HARRISBURG, PA. 17101  
(717) 780-6230

## AUTHORIZATION FOR PURSUIT OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby authorize by my genuine signature, inquiry by the County of Dauphin, Pennsylvania pursuant to my application for employment with the County of Dauphin. I understand that this investigation may include inquiries to any or all current and former employers, whether or not cited by me on my application; references cited by me on my application; other person(s) who may have knowledge of my suitability for the employment I seek; and criminal background checks. I understand further that such pursuit shall be carried out in compliance with all applicable law (including, but not limited to, Title VII of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990 (ADA), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325); and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212).

Yet further, I understand that all information obtained will be used solely for the lawful assessment of my suitability for employment, and will not be disclosed concurrently or subsequently except as necessary to the pursuit of assessment, or in compliance with lawful subpoena, unless disclosure for another purpose is explicitly authorized by me, in writing.

Finally, I hereby understand that failure by Dauphin County to obtain information sufficient for assessment of my suitability for employment may, itself, be grounds for denial of said employment, whether or not there be evidence of misrepresentation by me or by any other party.

*Applicant:* To enable Dauphin County to accurately secure background/reference information, please sign and date below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## VOLUNTARY SELF-IDENTIFICATION OF GENDER & RACE

Dauphin County is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, protected veteran status or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary. This information will be kept confidential and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This document is **not** a part of the official Dauphin County Application for Employment but we ask that you return this page with your application, whether completed in full, in part, or left blank. The data sheet will be stowed and reviewed apart from the Application and all other documents associated with employment selection.

Gender:  Male  Female

Name: _____	Date: _____
<i>(Voluntary)</i> Social Security Number: _____	
Position Applying For: _____	Department: _____

### Race or Ethnic Identity:

(Please check one of the descriptions below corresponding to the race or ethnic group with which you most identify.)

**American Indian or Alaskan Native** - Persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment

**Asian or Pacific Islander** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam), or the Pacific Islands (including, for example, Hawaii, Guam, Samoa)

**Black or African American (not of Hispanic origin)** - Persons having origins in any of the Black racial groups of Africa

**Hispanic or Latino (all races)** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

**White (not of Hispanic origin)** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

**I decline to self-identify.**

**REMEMBER:** Your opportunities for employment will *not* be affected by your decision whether or not to complete this data sheet.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## VOLUNTARY SELF-IDENTIFICATION AS A PROTECTED VETERAN - PRE-OFFER

Name: _____	Date: _____
<i>(Voluntary)</i> Social Security Number: _____	
Position Applying For: _____	Department: _____

Dauphin County is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: 1) disabled veterans; 2) recently separated veterans; 3) active duty wartime or campaign badge veterans; and 4) Armed Forces service medal veterans. These classifications are defined as follows:

- **Disabled Veteran** - a disabled veteran is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - A person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran** - any veteran during the three (3)-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

## VOLUNTARY SELF-IDENTIFICATION AS A PROTECTED VETERAN - PRE-OFFER

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of Protected Veteran listed above.

I am not a Protected Veteran.

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I decline to self-identify.

**REMEMBER:** Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Act of 1974, as amended.

The information you submit will be kept confidential, except that 1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; 2) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and 3) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs (OFCCP), or enforcing the Americans with Disabilities Act, as amended (ADAAA), may be informed.

Dauphin County's Affirmative Action Program (AAP) is available for viewing in the Department of Human Resources. If you are interested in viewing the AAP, please contact Dauphin County's Affirmative Action Officer at (717) 780-6230 to schedule an appointment.