

# APPLICATION FOR EMPLOYMENT

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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.
- An application must be fully completed and printed by hand or typewritten for each position for which you are applying.
- Please review minimum qualifications for the position for which you are applying.

**Mailing Address:**

Dauphin County Personnel  
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

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

DATE: \_\_\_\_\_

NAME: First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

## 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 convicted of a felony or misdemeanor?  Yes  No  
If yes, describe fully the criminal conviction(s), list the nature of the offense and when the offense occurred. Record of conviction does not automatically disqualify applicant from employment consideration. Applicants applying for certain positions may be asked to provide additional information on summary offenses and traffic violations.

Have you ever been discharged from a job?  Yes  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	Expires	No.	Verification
Have your professional licenses and/or certificates ever been suspended, revoked or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when and for what reason?		

Do you possess a valid driver's license not under suspension? \_\_\_\_\_  
State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ Driver License # \_\_\_\_\_

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

## SPECIALIZED SKILLS

## COMPUTER SKILLS

Type \_\_\_\_\_ W.P.M.  
 Bookkeeping     Dictaphone

Access  
 Word

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

## ADDITIONAL INFORMATION

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

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## REFERENCES

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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	May we contact your current employer at this time?
Address	<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 sex, color, religion, national origin, age, disability, handicap or any other non job-related factors.

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Signature of Applicant

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Date

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



DAUPHIN COUNTY ADMINISTRATION BUILDING  
2 SOUTH SECOND STREET  
HARRISBURG, PA. 17101  
(717) 780-6230 PHONE  
(717) 257-1562 FAX

### 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 and the Americans with Disabilities Act of 1990**).

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 below and provide your Social Security Number.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

**VOLUNTARY SELF-IDENTIFICATION  
AFFIRMATIVE ACTION/PROGRAM REVIEW DATA SHEET**

Dauphin County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation 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 and Program Review 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 Application for County 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.

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

**(Voluntary) Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Position(s) Applying For:** \_\_\_\_\_

**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

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