

# APPLICATION FOR EMPLOYMENT

## HAINES TOWNSHIP

153 S. Rachel's Way  
PO Box 244  
Aaronsburg, PA 16820-0244

We consider all applicants for positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status or any other legally protected class.

*(PLEASE PRINT)*

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
<i>Address Number</i>	<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip Code</i>	
Telephone Number(s)	Social Security Number	

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
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date	_____
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date	_____

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	
On what date would you be available for work?	_____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
Are you currently on “lay-off” status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a misdemeanor or felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain _____	
Have you ever served in the United States military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign language you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	<b>Address</b>				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills**

Check Skills/List Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Windows		
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect		

State any additional information you feel may be helpful to us in considering your application.

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## REFERENCES

1. _____ (Name) _____ (Address)	(_____) _____ (Phone Number)
2. _____ (Name) _____ (Address)	(_____) _____ (Phone Number)
3. _____ (Name) _____ (Address)	(_____) _____ (Phone Number)

### FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____ _____ Date: _____

### NOTES:

## Fair Credit Reporting Act (FCRA) Disclosure and Authorization Statement

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*All applicants for employment should carefully read and sign below.*

I, the undersigned Applicant, understand that as part of the employment application process, Haines Township may obtain or have prepared by a third party consumer reporting agency, a consumer report detailing, among other things, my prior employment history, education, credit history and worthiness, character, reputation, criminal background, and references generally.

I understand that upon my written request to the Haines Township, I will be informed whether a consumer report was requested and given all information as to the nature and scope of the investigation summarized in the report. I hereby acknowledge that I understand that a consumer report may contain information regarding my prior employment history, education, credit history and worthiness, character, reputation, criminal background, and references generally, as well as other items deemed appropriate by Haines Township to evaluate my qualification for employment. Furthermore, I acknowledge that information contained in the consumer report is obtained by, among other methods, through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I hereby authorize, release and agree to hold harmless the individual, company, and/or institution that provides the consumer/investigative report, and Haines Township and/or its employees, agents, and officers in obtaining and utilizing a consumer/investigative report on me as part of its employment background investigation process in evaluating my qualifications for employment. In the event I am offered employment by Haines Township, I hereby further authorize and hold harmless Haines Township and/or its employees, agents, and officers in obtaining additional information of a consumer/investigative nature, as well as the individual, company and/or institution that provides the same, contained within consumer reports, at any time during my employment with Haines Township.

Furthermore, by signing below, I hereby acknowledge that the Township of Haines has provided me with an accurate summary of my rights under the federal Fair Credit Reporting Act.

Full Legal Name of Applicant (print): \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Date of the Signature: \_\_\_\_\_

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681-1681u, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580, 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219, 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551, 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552, 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314, 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429, 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590, 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250, 202-720-7051

**Please initial and date:** \_\_\_\_\_



## APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or altered by an applicable collective bargaining agreement, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discipline up to and including termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

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### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
Interviewer Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Department \_\_\_\_\_  
By \_\_\_\_\_  
Name and Title Date