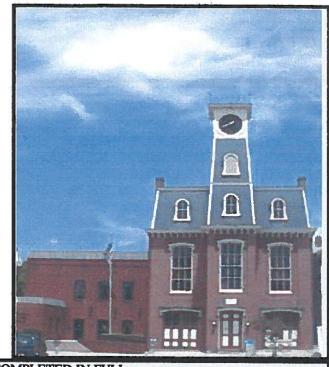
# APPLICATION FOR EMPLOYMENT

### **Borough of Waynesboro**

Mailing Address: P.O. Box 310, Waynesboro, PA 17268

Physical Location: 55-57 E. Main Street, Waynesboro, PA 17268

#### AN EQUAL OPPORTUNITY EMPLOYER



THIS APPLICATION MUST BE COMPLETED IN FULL.

(Resumes are accepted but cannot be used as a substitute for any section of this application.)

All applications will be actively considered for one (1) year and remain property of the Borough of Waynesboro for two (2) years from the date contained herein.

POSITION APPLIED FOR:			
NAME:			
LAST	FIRST		MI.
MAILING ADDRESS:			
NUMBE	ER AND STREET		
СПҮ	STATE	ZIP	
TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	<del></del>	
EMAIL ADDRESS	····		
OTHER NAMES YOU HAVE WORK	KED UNDER:		
APE VOII NOW OP HAVE VOII EV	ER BEEN EMPLOYED BY THE BOROUGH?	YES	NO
	AND DATES: (Do not include School District employment)	I E3	NO
CAN YOU BE LAWFULLY EMPLO	YED?	YES	NO
	72 hours of hire, Employment Eligibility	ILB	110
Verification Documents per Immigration			
HAVE YOU BEEN CONVICTED OF	A FELONY WITHIN THE PAST 7 YEARS?	YES	NO
	heet of paper and attach it to this application.	120	*10
A conviction record will not necessarily			

#### Applicant Certification (Please read and sign below.)

I certify that all information provided in this application and any attachments is true to the best of my knowledge. I understand any false statements, misrepresentations and material omission made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize the Borough of Waynesboro, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I may be required to sign separate consent forms for this purpose. I release the Borough from any and all liability for any damage that may result from utilizing such information.

I understand that if the Borough of Waynesboro employs me, I will be considered an "at will" employee and that termination can occur with or without notice. I also understand that as an employee of the Borough of Waynesboro, I will be required to abide by all rules, regulations, policies and procedures of the Borough as well as applicable state and federal laws.

Applicant Signature:			Dat	e:		
	If not	signed, appli	cation will be reje	ected.		
EDUCATION AND	TRAINING					
HIGH SCHOOL	L DIPLOMA	GED	Still Attending H	ligh School A	.t	_
VOCATIONAL TRAIN	ING SCHOOL NAM	<b>Æ</b> :				
Name & Location of Sch	ool	Diplo	ma/Degree or Certi	ification	Major or course title	
	<del></del>					
						<u> </u>
COLLEGE	1 YR	2 YRS	3 YRS	4 YRS	4+ YRS	
COLLEGE OR UNIVE	RSITY NAME:					_
MAJOR						
DIPLOMA OR D	DEGREE					
GRADUATE SCHOOL	NAME:					_
MAJOR						
DIPLOMA OR I	DEGREE					

TITLE		STAT	E OR LICENS	SING AGEN	ICY	EXPIRATION DA				E
omplete the followense:										
O YOU HAVE A O YOU HAVE A				NO ENSE:	YES	# YES	Class	State	ents	
ESCRIBE YOU	R OFFI	CE EQUIPM	ENT OPERAT	TION SKIL	LS					
yping speed:		· · · · · · · · · · · · · · · · · ·	10 Key by touch		4O	Cas	h Handling	Experience	YES	NO
IOUS Certified ate your proficier			h applications applications:	?		List otl	ner compute	r software / p	rogram	s:
Word	None	Beginning	Intermediate	Advanced	] [					
Excel	None	Beginning	Intermediate	Advanced						
Access	None	Beginning	Intermediate	Advanced					-	
Desktop Publishing	None	Beginning	Intermediate	Advanced						
IST OTHER T	YPES O	F OFFICE EC	QUIPMENT Y	OU CAN O	PERA	TE				
						****	· · · · · · · · · · · · · · · · · · ·			
							4.4			
ESCRIBE YOU								for which yo	u are a	ppiyiı
EAVY/LIGHT E		_								
OWER TOOLS:										
HAND TOOLS:_									——————————————————————————————————————	
Can you work und										
PLEASE LIST T	HREE I	PROFESSION	IAL REFERE	NCES				<del></del>		
Name		Job T	itle	Comp	any		Address		Pho	one
Name		Job T	itle	Comp	any		Address		Pho	one
Name		Job 7	itle	Comp	anv		Address		Phe	one

experience. Please be sure you describe completely the knowledge and skills to perform the duties of the	Il jobs separately including on-the-job training, volunteer work and military in the sections below the duties performed, which demonstrate that you have e job for which you are applying. If in doubt about listing a particular job, it ications will disqualify the applicant. The Borough will conduct background
NAME AND ADDRESS OF EMPLOYER:	
	DATES FROM / / TO / /
	HOURS PER WEEK:
	SALARY/WAGES:
PHONE NUMBER:	MAY WE CONTACT THIS EMPLOYER: YES NO
SUPERVISOR'S NAME:	SUPERVISOR'S TITLE:
Did you supervise in this position: YES NO	
Please indicate # of employees supervised REASON FOR LEAVING:	YOUTH (under 17 yrs old)ADULT (18+yrs old)
YOUR JOB TITLE:	
NAME AND ADDRESS OF EMPLOYER:	HOURS PER WEEK:
SUPERVISOR'S NAME:	MAY WE CONTACT THIS EMPLOYER? YES NO SUPERVISOR'S TITLE:
Did you supervise in this position: YES NO Please indicate # of employees supervised REASON FOR LEAVING: YOUR JOB TITLE:	

**EMPLOYMENT HISTORY:** 

DUTIES:	
NAME AND ADDRESS OF EMPLOYER:	
	DATES FROM / / TO / /
	HOURS PER WEEK:
	SALARY/WAGES:
PHONE NUMBER: MAY WE CO	ONTACT THIS EMPLOYER? YES NO
SUPERVISOR'S NAME: SUP	ERVISOR'S TITLE:
Did you supervise in this position: YES NO	
Please indicate # of employees supervisedYOUTH (under	er 17 yrs old)ADULT (18+yrs old)
REASON FOR LEAVING:	
YOUR JOB TITLE:	
DUTIES:	
*	
=	
ADDITIONAL SHEETS N	
MILITARY SERVICE RECORD:	

DL-503 (7-11)

#### REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us PLEASE TYPE OR PRINT IN BLUE OR BLACK INK DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS



ALL APPLICANTS

Please complete
Driver Information in
Sections C & E only.
(Indicated by "\*").

Bursau of Oriver Licensing P.O. Box 68695 Harrisburg, PA 17108-8695

	CK (/) ONE ONLY: BASIC INFORMATION: \$5.		history is not included)			FULL HISTORY: \$5.00 FEE CERTIFIED DRIVER RECORD: \$10.00 FEE			
	3 YEAR DRIVER RECORD	•	impleyment Burnesse Calul			COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE			
	□ 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only) You may obtain a copy of your own 3 year, 10 year and/or Full His					CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE			
Ali	REQUESTER INFORMA	TION	ai, iv year and/or rull ni			END USER OF INFORMATION BEING REQUESTED			
	AME/COMPANY					COMPANY			
	Borough of Ways	nesboro		R	or	rough of Waynesboro			
<b>1</b> 7	ADDRESS	1000010				198 (P.O. Box not acceptable), need to provide physical location of business/residence			
- 1				1		" '			
L	55-57 E. Main S	Street		5.	5-	-57 E. Main Street			
- 19	CITY		STATE ZIP CODE	CITY		STATE ZIP CODE			
	Waynesboro		PA 17268	Wa	ay	ynesboro PA 17268			
	DAYTIME TELEPHONE NUMBER (R	EQUIRED) 717.	-762-2101	DAYT	MME	ME TELEPHONE NUMBER (REQUIRED) 717-762-2101			
	RELATIONSHIP TO DRIVER (REQUI	Poten	tial employer	_		IONSHIP TO DRIVER (REQUIRED) Potential employer			
				Distance of the last		FFIDAVIT OF INTENDED USE			
١,	SIGNATURE X					led Use of the Information Requested: CHECK ONLY ONE			
ľ	NOTARIZATION NOT REQUIR	ED WHEN DECINE	STING YOUR OWN DECORD		ă	B = Driver Release (Driver must complete Section E.)			
			STING YOUR OWN RECORD	4	u	C=Credit Business (Legitimate Business need in connection with a business			
-	DRIVER INFORMATION			1	П	transaction initiated by the driver.)  C = Credit Potential investor, Server or Current insurer (in connection			
	NAME: LAST	FIRST	INITIAL	1		with an assessment of the credit/payment risks associated with an existing credit obligation.)			
	ADDRESS			.1	≅ E = Employment (To support the hiring or the continuation of employment.  Driver must complete Section E.)				
1	CITY			R=Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.  K=Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).					
	STATE		ZIP CODE						
	PHONE NUMBER				u	L=Attorney representing driver identified in Section C (Driver mus complete Section E.)			
Ì	DATE OF BIRTH	DRI	VER NUMBER	1 11	ere	reby Certify that			
1	MONTH DAY YEAR			٦.		PRINTED NAME OF REQUESTER			
- [			will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only						
E	DRIVER RELEASE			d ar	nd i	I no other reason. This affidavit is filed in compliance with Section			
Ч				- 60	<b>)7</b>	7 of the Fair Credit Reporting Act. I/We have read and signed this			
	1	F DRIVER	hereby reques	1 10 m	em adı	m after its completion, and I/We swear or affirm that the statements de herein are true and correct, and that any statement made on or			
	the Department of Transpo	r driver ortation to lurni:	sh a copy of my PA Driver's	s 📗 pu	ursi	suant to this form is subject to the penalties of 18 Pa C.S. Section			
- 1	Record to			4903(a)(2) (relating to false swearing), which shall include punishment of a line not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.					
- 8		NAME OF PERSO	NCOMPANY						
	Χ			-  x		• •			
	SIGNATURE OF DRIVER		DATE	<b>-</b>   -		SIGNATURE OF REQUESTER			
ഥ	MICROFILM								
	TYPE OF DOCUMENT		DATE OF VIOLATION	Ti	tia	8			
		,				SUBSCRIBED AND SWORM			
				- -	Ľ	TO BEFORE ME: MONTH DAY YEAR			
	(see list of available docum	ents below)			1	X			
	Documents Available:			٦٥	-	SIGNATURE OF PERSON ADMINISTERING OATH			
	Citations     Court Certifications     Applications     License Renewals	Restoration Le	avocation Letters iters rs	NOTARIZATION		S E			
	-Judgments MESSENGER NO.	· Department H	earing or Exam Notice	- S		A SIGN IN PRESENCE OF NOTARY			

SP 4-164 (2-2013)

## PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK

CDL APPLICANTS ONLY
Please complete Personal
Information only (indicated
by "\*").

This form is to be completed in ink by the requester - (information will be mailed to the FOR CENTRAL REPOSITORY USE ONLY requester only). If this form is not legible or not properly completed, it will be returned **CONTROL NUMBER** unprocessed to the requester. A response may take four weeks or longer. TRY OUR WEBSITE FOR A QUICKER RESPONSE AFTER COMPLETION MAIL TO: https://epatch.state.pa.us PENNSYLVANIA STATE POLICE **CENTRAL REPOSITORY - 164** NAME **1800 ELMERTON AVENUE** REQUESTER HARRISBURG, PA 17110-9758 Borough of Waynesboro **ADDRESS** 55-57 E. Main Street 1-888-QUERYPA (1-888-783-7972) P.O. Box 310 DO NOT SEND CASH OR PERSONAL CITY/STATE/ CHECK ZIP CODE **CHECK ONE BLOCK** Waynesboro, PA 17268 Individual moncrimenal Justice Agency — Enclose A Certifed Checkmoney order in the amount of \$19.00, Payable to: "Commonweal the Of Pennsylvania" THE FEE IS NONREFUNDABLE NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY— ENCLOSE A CERTIFIED CHECKMONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA" CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE) 1 6 2 2 1 0 THE FEE IS NONREFUNDABLE 1 FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY - NO FEE NAME/SUBJECT OF RECORD CHECK (FIRST) (MIDDLE) (LAST) MAIDEN NAME AND/OR ALIASES SOCIAL SECURITY NUMBER DATE OF BIRTH SEX RACE The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only</u> FEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00. **REASON FOR REQUEST** INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST) ☐ ADOPTION (DOMESTIC) M EMPLOYMENT/SCREENING PASSPORT ☐ ATTORNEY ☐ FOSTER CARE PRIVATE INVESTIGATIONS □ BANKING ☐ HEALTHCARE ☐ SOCIAL SERVICES ☐ BAR ASSOCIATION ☐ HOUSING TENANT CHECK П снияси INSURANCE LICENSE C VISA CHILD CARE ☐ MENTAL HEALTH ☐ VOLUNTEER AMBULANCE/FIREFIGHTER EDUCATION ☐ NURSE AID TRAINING U VOLUNTEER C ELDER CARE OTHER ☐ EMERGENCY MANAGEMENT ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS) AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

WARNING: 18 Pa.C.S. 4804(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919