

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: _____ Date: _____

If not signed, application will be rejected.

EDUCATION AND TRAINING

_____ HIGH SCHOOL DIPLOMA _____ GED Still Attending High School At _____

VOCATIONAL TRAINING SCHOOL NAME:

Name & Location of School	Diploma/Degree or Certification	Major or course title

COLLEGE 1 YR 2 YRS 3 YRS 4 YRS 4+ YRS

COLLEGE OR UNIVERSITY NAME: _____

MAJOR _____

DIPLOMA OR DEGREE _____

GRADUATE SCHOOL NAME: _____

MAJOR _____

DIPLOMA OR DEGREE _____

List any Certifications or Licenses you hold pertinent to the position for which you are applying.

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

Complete the following only if the minimum requirements of the job description include possessing or obtaining a valid driver's license:

DO YOU HAVE A VALID DRIVERS LICENSE: NO YES # _____ State _____
 DO YOU HAVE A COMMERCIAL DRIVERS LICENSE: NO YES Class _____ Endorsements _____

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS

Typing speed: ___ WPM 10 Key by touch YES NO Cash Handling Experience YES NO

MOUS Certified YES NO Which applications? _____

Rate your proficiency with the following applications: List other computer software / programs: _____

Word	None	Beginning	Intermediate	Advanced
Excel	None	Beginning	Intermediate	Advanced
Access	None	Beginning	Intermediate	Advanced
Desktop Publishing	None	Beginning	Intermediate	Advanced

LIST OTHER TYPES OF OFFICE EQUIPMENT YOU CAN OPERATE

DESCRIBE YOUR SHOP EQUIPMENT OPERATION SKILLS (Pertaining to the position for which you are applying)

HEAVY/LIGHT EQUIPMENT TYPES: _____

POWER TOOLS: _____

HAND TOOLS: _____

Can you work under adverse weather conditions? YES NO

PLEASE LIST THREE PROFESSIONAL REFERENCES

Name	Job Title	Company	Address	Phone

EMPLOYMENT HISTORY:

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the sections below the duties performed, which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The Borough will conduct background checks to verify information on applications.

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 _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

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 _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

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 _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

ADDITIONAL SHEETS MAY BE SUBMITTED

MILITARY SERVICE RECORD: _____

**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 requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

NAME/ REQUESTER	Borough of Waynesboro
ADDRESS	55-57 E. Main Street P.O. Box 310
CITY/STATE/ ZIP CODE	Waynesboro, PA 17268

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER	
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 1-888-QUERYPA (1-888-783-7972)	
DO NOT SEND CASH OR PERSONAL CHECK	
CHECK ONE BLOCK	
<input type="checkbox"/>	INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/>	NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/>	FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY - NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

7	1	7	-	7	6	2	-	2	1	0	1
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NAME/SUBJECT OF RECORD CHECK (FIRST)		(MIDDLE)	(LAST)		
* _____		_____	_____		
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
* _____		_____	_____	_____	_____

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 <<<<<<CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST>>>>>>

REASON FOR REQUEST

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)

<input type="checkbox"/> ADOPTION (DOMESTIC)	<input checked="" type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> 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. 4904(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