City of Lancaster
120 N. Duke Street
Lancaster, PA 17602

Application for Employment

Phone: (717) 291-4720
Fax: (717) 291-4713
Email: Recruiter@cityoflancasterpa.com

The City of Lancaster is an Equal Opportunity Employer. It is our policy to seek and employ the best qualified individuals and to provide equal opportunity for the advancement of employees, including hiring, promoting and training and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, age (40 and over), sex, ancestry, national origin, physical or mental disability, veteran status, sexual orientation, or any other legally protected status under applicable law.

For Human Resources Use Only:

Reviewed by: _____ Data entered by: _____

Status: _____ Other: _____

General Information

Position Applied For:	Date:

Last Name	First Name	Middle Initial

Address	City	State	Zip

Home Telephone	Cell Phone	Email

What kind of employment are you seeking? ☐ Full-time ☐ Part-time ☐ Temporary

What is your current rate of pay?	☐ Per hour $ _____	☐ Annually $ _____
What pay are you seeking?	☐ Per hour $ _____	☐ Annually $ _____

May we contact you at your current job? ☐ Yes ☐ No | Are you over 18 years of age? ☐ Yes ☐ No

Do you have a current, valid Pennsylvania driver's license? ☐ Yes ☐ No

Are you able to read, write and comprehend English without assistance? ☐ Yes ☐ No

Are you a veteran of the military? ☐ Yes ☐ No | Are you legally eligible to work in this country? ☐ Yes ☐ No

Have you ever submitted an application to the City before? ☐ Yes ☐ No | If so, when? _____

Have you ever been employed by the City before? ☐ Yes ☐ No | If so, when? _____

Do you have any relatives currently employed by the City? ☐ Yes ☐ No | If so, who? _____

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation?
☐ Yes ☐ No ☐ I need more information about the essential functions.

Where did you see the posting for this position?
☐ City Hall ☐ City website ☐ Career Link ☐ Newspaper ☐ Social Media (Facebook, Twitter)
☐ Professional Organization ☐ Personal Reference
☐ Other: _____

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Please complete this section even if you are attaching a resume.

Employment History - Starting with your current or most recent employer, please tell us the following:

Employer		Dates Employed		Summary of Job Duties:
		From	To	
Location				
Supervisor	Telephone			
May we contact this supervisor for a reference? ☐ Yes ☐ No	Hours Per Week	Hourly Rate/Salary		
		Starting	Final	
Your Job Title				
Reason for Leaving				

Employer		Dates Employed		Summary of Job Duties:
		From	To	
Location				
Supervisor	Telephone			
May we contact this supervisor for a reference? ☐ Yes ☐ No	Hours Per Week	Hourly Rate/Salary		
		Starting	Final	
Your Job Title				
Reason for Leaving				

Employer		Dates Employed		Summary of Job Duties:
		From	To	
Location				
Supervisor	Telephone			
May we contact this supervisor for a reference? ☐ Yes ☐ No	Hours Per Week	Hourly Rate/Salary		
		Starting	Final	
Your Job Title				
Reason for Leaving				

Employer		Dates Employed		Summary of Job Duties:
		From	To	
Location				
Supervisor	Telephone			
May we contact this supervisor for a reference? ☐ Yes ☐ No	Hours Per Week	Hourly Rate/Salary		
		Starting	Final	
Your Job Title				
Reason for Leaving				

You may attach additional pages if you wish for further work experience to be considered

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If you have not been continuously employed, please give the reason:

_____

_____

Education, Licenses, Skills, and Availability

High School Attended: (Provide name and location)	**Graduated:** ☐ Yes ☐ No **GED:** ☐ Yes ☐ No

College/University: (Provide name and location)	Dates Attended		**Major**	Type of **Degree**	Date Degree **Completed**
	From	To			

Certificates/Licensure	Date **Completed**

Computer Software:	**Foreign Languages:**	**Available to Work:**
☐ Word ☐ Windows Word Perfect ☐ Excel ☐ Desk Top Publishing ☐ Access ☐ Power Point ☐ Lotus Notes ☐ Outlook Other: _____	_____ ☐ Speak ☐ Read ☐ Write _____ ☐ Speak ☐ Read ☐ Write	☐ Hours listed on job description ☐ Overtime ☐ During Emergency Situations

Briefly tell us how you meet the position requirements as stated on the job opening:

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Professional Associations and Volunteer Work

Please list professional associations to which you currently belong and any offices you hold:

Association	Office
Association	Office

Please list your current volunteer work:

Organization	Activity
Organization	Activity

References

Please give names of individuals (at least two of them should be supervisors) with whom you have worked and who know your work habits and characteristics. Please do not list personal friends or family members.

Name	Title
Employer	Address
Phone	Email

Name	Title
Employer	Address
Phone	Email

Name	Title
Employer	Address
Phone	Email

Acknowledgement Statement

I certify that all the information given on this Application for Employment is true, complete and correct. I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal and/or penalties under 18 PA Cons. Stat., Section 4904 related to the unsworn falsification to authorities.

I understand that if employed by the City of Lancaster, I must and will abide by all policies, procedures, rules and regulations required by the City and that I will be hired on a probationary status. The probationary period is considered a part of the selection process. I acknowledge that it is my responsibility to know the rules and policies of the City.

I know that I may resign at any time and that I am required to give notice to the City. I understand that any offer of employment is contingent upon my successful completion of the pre-employment process. I understand that this Application and any offer of employment I may receive do not constitute a contract between the City and me.

I certify that I have read, fully understand, acknowledge and accept all terms of the Acknowledgement Statement.

_____ _____
Signature of Applicant Date

Background Check Authorization Form

This form is for the use of the Bureau of Human Resources only. It will remain in the offices of Human Resources and will not be forwarded to the hiring supervisor with your application.

All applicants for employment with the City of Lancaster must provide the following information and a signed authorization for the City to perform a background check. Background checks will only be performed for those applicants being considered as finalists for a position with the City. The background check will include a criminal background check for all positions, but a criminal conviction does not automatically disqualify an applicant from employment. If you have a prior criminal conviction, the City will consider the nature of the conviction in accordance with the law when considering your application.

Has your Driver's License ever been suspended?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

PLEASE PRINT

Applicant Name:	**Social Security #:**
Address:	**Date of Birth:**
Driver's License #:	**State:**

I hereby give my consent to the City of Lancaster, its officials, agents and representative, to conduct a background check as a condition of employment. As part of the application process, the City of Lancaster may conduct a background check based on the information provided by you in your employment application. This background check may include verification of Social Security number; current and previous residences; employment history; education; references; criminal history; including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; military service record verification and motor vehicle records.

I consent to take any physical examinations, including tests for alcohol or drugs,that may be requested by the City: (1) after an offer of employment, but before beginning work; and (2) while working for the City as permitted by law or agreement. I authorize any healthcare professional who performs such an examination to release such information to the City.

I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal and/or penalties under 18 PA Cons. Stat., Section 4904 related to the unsworn falsification to authorities.

I hereby release from liability the City of Lancaster, its officials, agents and representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature:	Date:

Applicants must complete sections C and E. No fee is required.

DL-503 (6-15)

pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✔) ONE ONLY:
- ☐ BASIC INFORMATION
- ☐ 3 YEAR DRIVER RECORD
- ☑ 10 YEAR DRIVER RECORD *(Employment Purposes Only)*
- ☐ FULL HISTORY
- ☐ CERTIFIED DRIVER RECORD
- ☐ COPY OF DOCUMENT FROM FILE (MICROFILM)
- ☐ CERTIFIED COPY OF DOCUMENT FROM FILE

You may obtain a copy of your own 3 year, 10 year and/or Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION

NAME/COMPANY: CREDIT BUREAU OF LANCASTER COUNTY INC.

ADDRESS *P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.*: 218 W ORANGE ST

CITY: LANCASTER STATE: PA ZIP CODE: 17603

DAYTIME TELEPHONE NUMBER *(REQUIRED)*: (717) 397-8144

RELATIONSHIP TO DRIVER *(REQUIRED)*: Vendor

SIGNATURE X

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY: City of Lancaster Bureau of Human Resources

ADDRESS *(P.O. Box not acceptable), need to provide physical location of business/residence*: 120 N. Duke Street

CITY: Lancaster PA 17602 STATE ZIP CODE

DAYTIME TELEPHONE NUMBER *(REQUIRED)*: (717) 291-4720

RELATIONSHIP TO DRIVER *(REQUIRED)*: Employer

C DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE ZIP CODE

PHONE NUMBER

DATE OF BIRTH			DRIVER NUMBER
MONTH	DAY	YEAR	

D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: **CHECK ONLY ONE**

- ☐ **B = Driver Release** *(Driver must complete Section E.)*
- ☐ **C = Credit Business** *(Legitimate Business need in connection with a business transaction initiated by the driver.)*
- ☐ **C = Credit Potential Investor, Server or Current Insurer** *(In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)*
- ☑ **E = Employment** *(To support the hiring or the continuation of employment. Driver must complete Section E.)*
- ☐ **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).*
- ☐ **L = Attorney** representing driver identified in Section C *(Driver must complete Section E.)*

I hereby Certify that _____
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 and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding $5,000, or to a term of imprisonment of not more than two years, or both.

X _____
SIGNATURE OF REQUESTER

Title _____

E DRIVER RELEASE

I _____ hereby request
NAME OF DRIVER

the Department of Transportation to furnish a copy of my PA Driver's Record to _____
NAME OF PERSON/COMPANY

X _____
SIGNATURE OF DRIVER DATE

F MICROFILM

TYPE OF DOCUMENT	DATE OF VIOLATION

(see list of available documents below)

Documents Available:
- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

MESSENGER NO.

NOTARIZATION

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X _____
SIGNATURE OF PERSON ADMINISTERING OATH

SEAL

SIGN IN PRESENCE OF NOTARY

Form effective 7/2015

Self-Identification Form

Completion of this form is strictly voluntary.

This form will remain in Human Resources and will not be sent to the hiring manager.

Your Gender:

☐ Male	☐ Female

Your Race/Ethnicity:

☐ Hispanic/Latino	Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of 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.
☐ Black/African American	Not of Hispanic origin; persons having origins in any of the Black racial groups of Africa.
☐ Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent. This area includes China, Japan, and Korea.
☐ Native American/ Pacific Islander	Persons having origins in Hawaii or the Pacific Islands.
☐ American Indian/ Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
☐ Two or more races	