#### APPLICATION FOR EMPLOYMENT

SECTION 9.16 PAGE 1 OF 5

***********	**********	*******	******
	PRINT RESPONSES TO ALL		S
**************************************	ED ON THE ENTIRE APPLICA ************		******
DOGUMAN GOLIGIA			
POSITION SOUGHT:			
NAME:	E'm.		MC 1.11 - T. 141 -
Last	First		Middle Initia
HOME ADDRESS:			
CITY/STATE/ZIP:COUNTY:	HOME DHOME.		
COUNTY:	HOME PHONE:	Z VOLI ANI ADIU TO	VEC D NO D
S.S. NUMBER:		3 YOU AN ADULT?	YES   NO
			*****
	MENT HISTORY AND WORK E		
IN THIS SECTION, LIST ALL EMP			
INCLUDING MILITARY EXPER			
ADDITIONAL PAPER IF NECES		JDE ALL EMPLOY	MENT MAY BE
GROUNDS FOR DISQUALIFICAT			
***********		*********	******
CURRENT EMPLOYER:			
	(Enter "None" if unemploy	red)	
MAY WE CONTACT YOUR CURRE	NT EMPLOYER PRIOR TO EMP	LOYMENT?	YES NO L
ADDRESS:			
PHONE NUMBER:			
DATES EMPLOYED:	TO:		
JOB TITLE:			
SUPERVISOR'S NAME:BEGINNING SALARY:			
BEGINNING SALARY:	PERCURRENT S	ALARY:	PER
DESCRIBE YOUR DUTIES, RESPON	ISIBILITIES, EQUIPMENT OPER	RATED, PROMOTION	IS, ETC.:
	-		
WHY DO YOU WANT TO LEAVE?_			
**********	**********	*******	******
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
PHONE NUMBER:  DATES EMPLOYED:  LOR TITLE:	TO:		
JOB TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S NAME:BEGINNING SALARY:	PERCURRENT S	ALARY:	PER
DESCRIBE YOUR DUTIES, RESPON	ISIBILITIES, EQUIPMENT OPER	RATED, PROMOTION	IS, ETC.:
WHY DID YOU LEAVE?			
**********	***********	********	******
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
PHONE NUMBER:  DATES EMPLOYED:	TO:		
JOB TITLE:			
SUPERVISOR'S NAME:			

### APPLICATION FOR EMPLOYMENT

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BEGINNING SALARY:	PER	CURRENT SALARY:	PER
DESCRIBE YOUR DUTIES, R	ESPONSIBILITIES	, EQUIPMENT OPERATED, PROM	OTIONS, ETC.:
WHY DID YOU LEAVE?			
		**********	
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:		TO:	
DATES EMPLOYED:		10:	
JUB TITLE:			
DECIMINE SALADY.	DED	CURRENT SALARY:	DED
DESCRIBE VOLID DUTTES DI	PEK ECDONCIDII ITIEC	CURKENT SALART: , EQUIPMENT OPERATED, PROM	OTIONS ETC:
DESCRIBE TOUR DUTIES, KI	ESFONSIBILITIES	, EQUIFMENT OFERATED, FROM	OTIONS, ETC
WHY DID YOU LEAVE?			_
*********	******	**********	*******
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:		TO:CURRENT SALARY:	
DATES EMPLOYED:		TO:	
JOB TITLE:		-	
SUPERVISOR'S NAME:			
BEGINNING SALARY:	PER	CURRENT SALARY:	PER
DESCRIBE YOUR DUTIES, RI	ESPONSIBILITIES	, EQUIPMENT OPERATED, PROM	OTIONS, ETC.:
WHY DID YOU LEAVE?			
		***********	********
IF YOU NEED TO LIST ANY	ADDITIONAL PRI	EVIOUS EMPLOYERS, PLEASE U	SE A BLANK SHEET OF
PAPER TO DO SO.			
	******	**********	******
	EDUCATI	ON AND TRAINING	
THIS SECTION IS INTENDED	TO GIVE THE EM	IPLOYER INFORMATION ABOUT	THE EDUCATION AND
TRAINING THAT THE API	PLICANT HAS C	COMPLETED, AND TO DEMON	STRATE THE SKILLS
KNOWLEDGE, AND ABILITI	ES OF THE APPLIC	CANT TO PERFORM THE JOB DU	TIES OF THE POSITION
*********	******	**********	*******
HIGH SCHOOL ATTENDED:_			
ADDRESS:			
DID YOU GRADUATE?		L EQUIVALENT?	
COURSES PERTAINING TO J	OB APPLIED FOR	:	
ACTIVITIES, AWARDS, SPOR	RTS, ETC.:		
COLLEGE OR TRADE SCHOOL	DL ATTENDED:		
DID YOU GRADUATE?	DEGREE:		
COURSES PERTAINING TO J	OB APPLIED FOR		
ACTIVITIES AWARDS SPOR	OTC ETC.		
ACTIVITES AWAKUS SPUR	CLA P.IU.		

### APPLICATION FOR EMPLOYMENT

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GRADUATE SCHOOL(S) ATT	TENDED:	
ADDRESS:	DEGREE:	
DID YOU GRADUATE?	DEGREE:	
EDUCATION, SKILLS, ABILITED EXPERIENCED THAT MAY F	ING SPACE TO PROVIDE ANY FURTHER INFORMATION TIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POS BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION ************************************	SESS OR HAVE N.
	**************************************	
	ITMENTS (I.E., SECOND JOB, SCHOOL, ETC.?) WHICH MIG ECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR	
IF YES, PLEASE EXPLAIN:		
ARE YOU ELIGIBLE TO WOR ARE YOU RELATED TO MECHANICSBURG?	DRIVERS LICENSE? NE PRIOR TO EMPLOYMENT? RK IN THE UNITED STATES? ANYONE THAT IS CURRENTLY EMPLOYED BY THE	YES 🗌 NO 🗌
LEAST ONE YEAR: NAME:	PHONE:	
	PHONE:	
NAME:	PHONE:	
NAME: ADDRESS:		
NAME:	PHONE:	
ADDRESS: ***********************************		
PLEASE READ EACH OF UNDERSTANDING OF, AND BY PLACING YOUR INITIAL REGARDING THESE PAR. PARAGRAPH.  ***********************************		DICATE YOUR H PARAGRAPH NY QUESTIONS TIALING THE ************************************
perform the essential	functions of the position, with reasonable accommodation who that this may include drug, alcohol or substance abuse testing.	

### APPLICATION FOR EMPLOYMENT

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2.	employment, I may be required to work evening shifts or night shifts, including work mandatory overtime hours.	
3.	I understand and accept that if any information required in this application intentionally excluded, my application may be disqualified from further cons and accept that if I am employed by the Village of Mechanicsburg, I may be including termination, if any information required by this application has excluded.	ideration. I further understand subject to disciplinary action,
4.	I understand and accept that the employer requires a high degree of integemployees. I also understand and accept that the various law enforcement a exchange information and data with the employer require that the employer's record of unlawful activities. Therefore, I understand and accept that, depends I am applying for employment, it may be necessary for the employer to invescriminal or unlawful activity.	nd informational agencies that s employees do not have a past ing on the department in which
5.	I hereby authorize the employers, schools and personal references named information regarding me to the employer. I further authorize the release of records to the employer.	
6.	READ CAREFULLY BEFORE INITIALING  "I agree that any claim or lawsuit relating to my service with the Village o subsidiaries must be filed no more than six (6) months after the date of the subject of the claim or lawsuit. I waive any statute of limitations to the contra	employment action that is the
	I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHI APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BESAUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OF FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE IS EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE AS OR ALCOHOL ABUSE.	ST OF MY KNOWLEDGE. I IN THIS APPLICATION. I ON OF THE INFORMATION OFFER OR TERMINAT ION EMPLOYMENT WITH THE
	(Applicant's Signature)	(Date)
	(Notarized by)	(Date)***

#### APPLICATION FOR EMPLOYMENT

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#### EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer=s evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME:AGE:SEX:		  	
RACIAL AND ETHNIC CATEGORIES:  White (not of Hispanic origin)  Black (not of Hispanic origin)  Hispanic  Asian or Pacific Islander  American Indian or Alaska Native			
DO NOT	WRITE BEI	LOW THI	S LINE
HIRED:	Yes	No	POSITION
DEPT			SALARY/WAGE
DATE REPORTING TO WORK		SHIFT_	

### APPLICATION FOR EMPLOYMENT

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***********	***************	*******
	PRINT RESPONSES TO ALL OF THE QUESTIC	ONS
	ED ON THE ENTIRE APPLICATION FORM	
************	********************	********
POSITION SOUGHT:		
NAME:		
Last	First	Middle Initial
HOME ADDRESS:		windate iiittidi
CITY/STATE/7IP:		
COUNTY:	HOME PHONE:	
S S NIIMBER:	ARE YOU AN ADULT	9 YES□ NO□
*************	ARE YOU AN ADULT	·
	IENT HISTORY AND WORK EXPERIENCE	
	LOYMENT HISTORY AND WORK EXPERIENCE	F IN DATE ORDER
	ENCE. BEGIN WITH YOUR CURRENT E	
	SARY. FAILURE TO INCLUDE ALL EMPLO	
GROUNDS FOR DISQUALIFICATION		JIMENI MAII DE
**************************************	V11. ***********************************	********
CURRENT EMPLOYER:		
CORRENT EMILOTER.	(Enter "None" if unemployed)	
MAY WE CONTACT VOLID CLIPPEN	NT EMPLOYER PRIOR TO EMPLOYMENT?	VES 🗆 NO 🗀
DATES EMDI OVED.	TO:	
IOD TITLE:	10	
JOB TITLE:		
DECINITING CALADV	PERCURRENT SALARY:	DED
DESCRIPTION SALARI	SIBILITIES, EQUIPMENT OPERATED, PROMOTION	ONS ETC:
DESCRIBE TOUR DUTIES, RESPONS	SIBILITIES, EQUIFMENT OFERATED, FROMOTIV	ONS, ETC
WHY DO YOU WANT TO LEAVE?		
	**************	*******
PREVIOUS EMPLOYER:		
ADDRESS:		
PHONE NUMBER:		
PHONE NUMBER:  DATES EMPLOYED:	TO:	
JOB TITLE:		
SUPERVISOR'S NAME:		
BEGINNING SALARY:	PERCURRENT SALARY:	PER
	SIBILITIES, EQUIPMENT OPERATED, PROMOTION	
,		
WHY DID YOU LEAVE?		
***********	****************	*******
PREVIOUS EMPLOYER:		
ADDRESS:		
PHONE NUMBER:	_TO:	
DATES EMPLOYED:	TO:	
JOB TITLE:		
SUPERVISOR'S NAME:		

### APPLICATION FOR EMPLOYMENT

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BEGINNING SALARY:	PER	CURRENT SALARY:	PER
DESCRIBE YOUR DUTIES, R	ESPONSIBILITIES	, EQUIPMENT OPERATED, PROM	OTIONS, ETC.:
WHY DID YOU LEAVE?			
		***********	
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:		TO:	
DATES EMPLOYED:		10:	
JUB TITLE:			
DECIMINE SALADY.	DED	CURRENT SALARY:	DED
DESCRIBE VOLD DUTIES D	PEK ECDONCIDII ITIEC	CURRENT SALART: , EQUIPMENT OPERATED, PROM	OTIONS ETC.
	ESPONSIBILITIES	, EQUIPMENT OPERATED, PROM	O110N5, E1C.:
WHY DID YOU LEAVE?			_
*********	******	**********	*******
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:		TO:CURRENT SALARY:	
DATES EMPLOYED:		TO:	
JOB TITLE:			
SUPERVISOR'S NAME:			
BEGINNING SALARY:	PER	CURRENT SALARY:	PER
DESCRIBE YOUR DUTIES, R	ESPONSIBILITIES	, EQUIPMENT OPERATED, PROM	OTIONS, ETC.:
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WHAT DID MOTITE THE			
WHY DID YOU LEAVE?		**********	<u> </u>
PAPER TO DO SO.	ADDITIONAL PRI	EVIOUS EMPLOYERS, PLEASE U	SE A BLANK SHEET OF
	*****	***********	*******
		ON AND TRAINING	
THIS SECTION IS INTENDED		IPLOYER INFORMATION ABOUT	THE EDITICATION AND
		COMPLETED, AND TO DEMON	
		CANT TO PERFORM THE JOB DU	
,		***********	
HIGH SCHOOL ATTENDED:			
ADDRESS:			
DID YOU GRADUATE?	HIGH SCHOOL	L EQUIVALENT?	
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COURSESTERT/III VIII VIII VIII VIII VIII VIII VIII	OD THI LILD I OK		
ACTIVITIES AWARDS SPOR	RTS_ETC ·		
COLLEGE OR TRADE SCHOOL	OL ATTENDED:		
DID YOU GRADUATE?	DEGREE:		
COURSES PERTAINING TO J	OB APPLIED FOR		
ACTIVITIES AWARDS SPOR	RTS ETC ·		

### APPLICATION FOR EMPLOYMENT

SECTION 9.16 PAGE 3 OF 5

GR A	ADUATE SCHOOL(S) ATTENDED:
ADI	PRESS:
DID	YOU GRADUATE?DEGREE: ***********************************
PLE EDU EXP	ASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, ICATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE ERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.
****	PERSONAL INFORMATION  ***********************************
	H, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?  YES ☐ NO ☐
IF Y	ES, PLEASE EXPLAIN:
IF N ARE ARE MEC PLE	YOU POSSESS A VALID DRIVERS LICENSE?  O, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?  YOU ELIGIBLE TO WORK IN THE UNITED STATES?  YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY THE VILLAGE OF CHANICSBURG?  YES NO ASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT
NAN	
NAN	DRESS: PHONE:
ADI NAN	DRESS:
ADI	DRESS:
PLE UND BY I REG PAR	ASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR DERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS ARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE AGRAPH.  I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

#### APPLICATION FOR EMPLOYMENT

SECTION 9.16 PAGE 4 OF 5

2.	If employed, I understand and accept that, depending on the department employment, I may be required to work evening shifts or night shifts, including work mandatory overtime hours.	
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5.	I hereby authorize the employers, schools and personal references named information regarding me to the employer. I further authorize the release of records to the employer.	
6.	READ CAREFULLY BEFORE INITIALING "I agree that any claim or lawsuit relating to my service with the Village subsidiaries must be filed no more than six (6) months after the date of the subject of the claim or lawsuit. I waive any statute of limitations to the contributions.	e employment action that is the
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	(Applicant's Signature)	(Date)
	(Notarized by)	(Date)***

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NAME: AGE: SEX:		_ _ _		
RACIAL AND ETHNIC CATEGORIES:  White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic Asian or Pacific Islander American Indian or Alaska Native				
DO NOT	WRITE BEI	OW THI	S LINE	
HIRED:	Yes	_ No	_ POSITION	
DEPT			SALARY/WAGE	
DATE REPORTING TO WORK		SHIFT_		