

**Directions:** Please complete this form in ink and return it along with a copy of the availability survey you received. **Mailing address:** SERS Human Resources Division | 30 North 3rd Street, Suite 150 | Harrisburg, PA 17101-1716. If you require an interview accommodation due to a disability, please contact the SERS Human Resources Division at 717.783.8085.

**Position You are Applying for:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

<b>APPLICANT INFORMATION</b>				
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PREFIX (e.g., Ms., Mr.):	FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	SUFFIX (e.g., Jr., III):
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:	DAYTIME PHONE:	EVENING PHONE:	CELL PHONE:	

*(CIRCLE ONE)*

1. YES NO Are you a Pennsylvania resident?
2. YES NO Are you currently receiving a state pension?
3. YES NO If appointed, would you have additional outside employment?

<b>EDUCATION AND TRAINING</b>					
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Schooling Type	School Name and Address	Dates of Attendance		Did You Graduate? <i>(CIRCLE ONE)</i>	Degree Type	Major Course of Study
		From	To			
High School				YES NO		
College, University, or Professional School				YES NO		
				YES NO		
Technical, Business or Other Training				YES NO		
				YES NO		

## EMPLOYMENT HISTORY

List your work experience record. Include paid employment, volunteer, and unpaid work. Describe your duties and responsibilities below. Attach additional sheets if needed with your name on each attachment. Start with your current or most recent employment.

### (1) CURRENT OR MOST RECENT EMPLOYMENT:

YOUR JOB TITLE:	EMPLOYER'S NAME:	EMPLOYER'S PHONE:		
EMPLOYER'S STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	
START DATE:	END DATE:	BEGINNING WAGE:	ENDING WAGE:	HOURS WORKED PER WEEK:
		<small>(CIRCLE ONE)</small> HOURLY / ANNUAL	<small>(CIRCLE ONE)</small> HOURLY / ANNUAL	
REASON FOR LEAVING:				

*(CIRCLE ONE)*

YES NO May we contact employer?

Describe your job duties and responsibilities:

### (2) NEXT MOST RECENT EMPLOYMENT:

YOUR JOB TITLE:	EMPLOYER'S NAME:	EMPLOYER'S PHONE:		
EMPLOYER'S STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	
START DATE:	END DATE:	BEGINNING WAGE:	ENDING WAGE:	HOURS WORKED PER WEEK:
		<small>(CIRCLE ONE)</small> HOURLY / ANNUAL	<small>(CIRCLE ONE)</small> HOURLY / ANNUAL	
REASON FOR LEAVING:				

*(CIRCLE ONE)*

YES NO May we contact employer?

Describe your job duties and responsibilities:

Initials \_\_\_\_\_

**(3) NEXT MOST RECENT EMPLOYMENT:**

YOUR JOB TITLE:		EMPLOYER'S NAME:		EMPLOYER'S PHONE:	
EMPLOYER'S STREET ADDRESS:		CITY:		STATE:	
START DATE:		END DATE:		HOURS WORKED PER WEEK:	
		BEGINNING WAGE:		ENDING WAGE:	
		<i>(CIRCLE ONE)</i> HOURLY / ANNUAL		<i>(CIRCLE ONE)</i> HOURLY / ANNUAL	
REASON FOR LEAVING:					

*(CIRCLE ONE)*  
YES NO May we contact employer?

Describe your job duties and responsibilities:

**CRIMINAL HISTORY**

A "YES" answer may not prohibit employment. However, failure to disclose a criminal record could result in failure to be considered for employment or may lead to dismissal after employment.

**CRIMINAL OFFENSE** includes felonies, misdemeanors, and summary offenses.

**CONVICTION** is an adjudication of guilt and includes determinations before a court, a district justice or magistrate, and pleas of nolo contendere (no contest) that result in a fine, sentence, or probation. You may omit offenses committed before your 18<sup>th</sup> birthday which were adjudicated in juvenile court under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

- (CIRCLE ONE)*
1. YES NO Were you ever convicted of a criminal offense?
  2. YES NO Are you now under charges for a criminal offense?
  3. YES NO Have you ever forfeited bond or collateral in connection with a criminal offense?

Explanation: (If you need a separate piece of paper to explain details, please attach and include your signature.)

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Initials \_\_\_\_\_

## REFERENCES

As part of the employment process of the Commonwealth of Pennsylvania, you must provide three (3) references, including one who is a personal acquaintance and at least one who is a former employer. If you do not have prior work experience, members of a school faculty or professional organization are acceptable as references.

### (1) CURRENT EMPLOYER / SUPERVISOR:

SUPERVISOR'S FULL NAME:	SUPERVISOR'S JOB TITLE:	DAYTIME PHONE:	
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STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
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### (2) FORMER EMPLOYER / SUPERVISOR:

SUPERVISOR'S FULL NAME:	SUPERVISOR'S JOB TITLE:	DAYTIME PHONE:	
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STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
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### (3) PERSONAL REFERENCE:

FULL NAME:	JOB TITLE:	DAYTIME PHONE:	
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STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
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You may have my permission to contact any of the above persons or organizations to verify my work history, character, or educational background.

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Initials \_\_\_\_\_