

# RICHLAND TOWNSHIP SUPERVISORS



## ***SUPERVISORS***

**Bob Heffelfinger, Chairman**  
**Gary Paul**  
**Keith W. Saylor**  
**Brian H. Lehman**  
**Jeffrey D. Wingard**

**Bryan J. Beppler, Executive Director**  
**Kimberly D. Stayrook, Admin. Asst.**  
**Tiffany Shomo, Zoning Secretary**  
**Gary L. Costlow, Solicitor**

**322 Schoolhouse Road, Suite 110**  
**Johnstown, Pennsylvania 15904-2924**  
**Telephone: (814) 266-2922**  
**Fax: (814) 266-2024**

## **APPLICATION FOR EMPLOYMENT**

This application will be on file for one (1) year. We appreciate your interest in Richland Township employment.

***YOUR AUTHORIZATION:*** Richland Township is hereby authorized to make an investigation of my background, education and employment history. This inquiry includes information as to my character, general reputation, and integrity. I understand that misrepresentation or omission of facts in the application, or an application that is not legible, will not be considered.

I understand that if employed, false statements on this application shall be considered just cause for dismissal.

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Signature of Applicant

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(Please Print)

1. Position(s) applied for:

Date:

Name:

Last

First

Middle

Present Address:

No.

Street

Telephone No.:

City

State

Zip

2. Are you over the age of 18?      Yes      No

3. Email Address:

4. Are you a U.S. Citizen?      Yes      No

5. Have you been convicted of a crime in the past 10 years?      Yes      No      If yes, please describe in full:

6. Do you possess a valid Pennsylvania Driver's License?      Yes      No

Operator Number:      Expiration Date:

List any traffic violations (other than parking violations):

List any restrictions on Driver's License:

7. Would you work Full-Time?      Part-Time?

If part-time, specify days and hours:

8. What date will you be available to work?

9. Please list any experiences, skills or qualifications that complement the position you are applying for.

10. Are you willing to participate in pre-employment testing including drug/alcohol and background testing?

Yes      No

11. Did you graduate from High School?      Yes      No

12. Do you have any post-secondary education?      Yes      No

Name of School and Address:

Course of Study:

No. of Years:

Date Graduated:

Diploma of Degree:

13. Do you have any military experience in the U.S. Armed Forces or State Militia?      Yes      No

Type of Service:

14. If discharged, named branch of service and type of discharge received:

Comments of Applicant (refer to question number):

15. List Present or Last Employer

Name of Company: Company Address: Type of Business: Name of Last Supervisor: May we contact this employer:      Yes      No			
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From		To		Describe in detail the work you did	Reason for Leaving
Month	Year	Month	Year		
Starting Salary		Ending Salary			

Name of Company: Company Address: Type of Business: Name of Last Supervisor: May we contact this employer:      Yes      No			
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From		To		Describe in detail the work you did	Reason for Leaving
Month	Year	Month	Year		
Starting Salary		Ending Salary			

Name of Company: Company Address: Type of Business: Name of Last Supervisor: May we contact this employer:      Yes      No			
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From		To		Describe in detail the work you did	Reason for Leaving
Month	Year	Month	Year		
Starting Salary		Ending Salary			

Richland Township recognizes the following protected classes under Federal, State and Local laws: race, color, religion, sex/gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, and marital status.

Equal Opportunity Employer  
 Minorities are encouraged to apply.



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**[www.richlandtwp.com](http://www.richlandtwp.com)**

### **VOLUNTARY SELF-IDENTIFICATION DATA SHEET**

Richland Township is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, marital status, or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for Affirmative Action and Program Review reporting.

Completion of this data is voluntary. This information will be kept confidential and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This document is **NOT** a part of the official Richland Township Employment Application, but we ask you return this page with your application, whether completed in full, in part or left blank. The data sheet will be stored and reviewed apart from the Application and all other documents associated with employment selection.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:                      MALE                                      FEMALE                                      OTHER

POSITION(S) APPLYING FOR: \_\_\_\_\_

**RACE OR ETHNIC IDENTITY:**

(Please check one of the descriptions below corresponding to the race or ethnic group with which you most identify.)

**AMERICAN INDIAN or ALASKAN NATIVE** -All persons having origins in any of the original peoples of America.

**ASIAN or PACIFIC ISLANDER**-All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

**BLACK or AFRICAN AMERICAN** (not of Hispanic origin)-All persons having origins in any of the Black racial groups.

**HISPANIC**-All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.

**WHITE** (not of Hispanic origin)-All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.



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**VOLUNTARY SELF-IDENTIFICATION HANDICAP AND  
VETERAN CATEGORY DATA SHEET**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:                      MALE                                      FEMALE                                      OTHER

POSITION(S) APPLYING FOR: \_\_\_\_\_

**VETERAN STATUS:**

(Please check one or more of the descriptions below corresponding to the appropriate category (ies).)

**A QUALIFIED HANDICAPPED INDIVIDUAL** who (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment, and (4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.

**A QUALIFIED DISABLED VETERAN** (1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or (2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and (3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

**A VIETNAM ERA VETERAN** (1) a person who a.) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b.) was released from such active duty for a service-connected disability, and (2) person who was discharged/released within 48 months prior to an alleged violation of the Act and/or the regulation issued thereunder on July 26, 1976.

I am \_\_\_\_\_ handicapped; \_\_\_\_\_ a disabled Veteran; \_\_\_\_\_ a Vietnam Era Veteran and would like to be included in your Affirmative Action Program.

My handicap/disability is: \_\_\_\_\_