

RICHLAND TOWNSHIP SUPERVISORS



SUPERVISORS

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

Bryan J. Beppler, Executive Director
Kimberly D. Stayrook, Admin. Asst.
Tiffany Shomo, Zoning Secretary
Forrest Fordham, 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.

Signature of Applicant

(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? _____

3. Email Address? _____

4. Are you a U.S. Citizen? _____

5. Have you been convicted of a crime in the past 10 years? _____ If yes, please describe in full:

6. Do you possess a valid Pennsylvania Driver's License? _____
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?

11. Did you graduate from High School? _____

12. Do you have any post-secondary education? _____

Name of School and Address: _____

Course of Study: _____ Date Graduated: _____

No. of Years: _____ Diploma of Degree: _____

13. Do you have any military experience in the U.S. Armed Forces or State Militia?

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: _____

| 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: _____

| From | | To | | Describe in detail the work you did | Reason for Leaving |
|-----------------|------|---------------|------|-------------------------------------|--------------------|
| Month | Year | Month | Year | | |
| | | | | | |
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| | | | | | |

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|-----------------|------|---------------|------|-------------------------------------|--------------------|
| 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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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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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: _____

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: _____