



# COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF THE AUDITOR GENERAL

*An Equal Opportunity Employer*

### EMPLOYMENT APPLICATION INSTRUCTIONS

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**TYPE OR PRINT IN INK - NO PENCIL.** Complete all portions of this form, including signature and date. Include all necessary supplemental forms and certificates. Incomplete forms will be returned to the applicant. **Resumes are not considered a substitute for complete answers.**

If additional space is needed to adequately answer any question, please use the back of this Application or white paper the same size as the form. Mark each additional page with your name and social security number.

#### **Items 1 through 12**

Complete blocks as directed.

#### **Items 13 and 14 (Education)**

List high school or GED program completed. Also, list all college and other formal education, including dates attended, years completed, semester or quarter hours completed, type of degree, and year of degree.

#### **Items 15 and 16 (Special Qualifications & Licenses)**

List the following (as applicable): professional licenses or certificates you have acquired, articles you have had published and any office equipment/technology with which you are skilled.

#### **Items 17 and 18 (Pennsylvania Licenses)**

Place an X in the proper boxes.

#### **Items 19 and 20**

If the answer to any of these questions is "yes", please explain on the back of this Application or on a separate sheet of paper.

#### **Item 21 (Employment)**

Begin with current or most recent work, including volunteer work. At a minimum, please include your three (3) most recent employers. List dates for periods of unemployment that exceed three months. If you were placed into a new position by the same employer, a new block should be used. Use the back of this Application and/or supplemental sheets for additional employers.

#### **Items 22 through 25**

Place an X in the proper boxes.

#### **Item 26 (References)**

List three references, including telephone number with area code, who are not related to you who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors listed under Item 21.

#### **Item 27**

Please sign and date your application and return it to:

**Department of the Auditor General**

**Office of Human Resources**

321 Finance Building

Harrisburg, PA 17120

(717) 787-3192

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#### **What happens to my application once it is submitted?**

The information is placed on file to await a suitable vacancy for which you may qualify.

#### **How long is my application kept on file?**

Your application will be maintained on file for a period of one year. At the end of that time it will automatically become inactive and it will be necessary to submit an updated application. This is done to give you the opportunity to update your application with any education or experience you may have gained during the year which may qualify you for additional positions.



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF THE AUDITOR GENERAL EMPLOYMENT APPLICATION

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

3. Mailing Address (number, street & apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ 5. Area Code/Telephone No. (Home) \_\_\_\_\_

4. Voting County Code \_\_\_\_\_ Residence County Code \_\_\_\_\_ Area Code/Telephone No. (Work) \_\_\_\_\_

6. Have you ever been employed by the Commonwealth of Pennsylvania?  Yes  No  
 If "Yes," what Agency? \_\_\_\_\_ From      *mo./yr* To      *mo./yr*

7. Location where you will accept employment. (Using the list below, find the code for the counties where you will accept employment. Enter the code of each county in the space provided. If you will accept employment in any county, check "statewide" box.) \_\_\_\_\_  Statewide

COUNTY CODES:

01-Adams	11-Cambria	21-Cumberland	31-Huntingdon	41-Lycoming	51-Philadelphia	61-Venango
02-Allegheny	12-Cameron	22-Dauphin	32-Indiana	42-McKean	52-Pike	62-Warren
03-Armstrong	13-Carbon	23-Delaware	33-Jefferson	43-Mercer	53-Potter	63-Washington
04-Beaver	14-Centre	24-Elk	34-Juniata	44-Mifflin	54-Schuylkill	64-Wayne
05-Bedford	15-Chester	25-Erie	35-Lackawanna	45-Monroe	55-Snyder	65-Westmoreland
06-Berks	16-Clarion	26-Fayette	36-Lancaster	46-Montgomery	56-Somerset	66-Wyoming
07-Blair	17-Clearfield	27-Forest	37-Lawrence	47-Montour	57-Sullivan	67-York
08-Bradford	18-Clinton	28-Franklin	38-Lebanon	48-Northampton	58-Susquehanna	
09-Bucks	19-Columbia	29-Fulton	39-Lehigh	49-Northumberland	59-Tioga	
10-Butler	20-Crawford	30-Greene	40-Luzerne	50-Perry	60-Union	

8. Are you a veteran of the U.S. armed forces?  
 Yes  No

9. Type of employment for which you are applying (Check all boxes that apply.)  
 Permanent Full-Time  Temporary Full-Time  Summer  
 Permanent Part-Time  Temporary Part-Time

10. Salary requirements, if any: \$ \_\_\_\_\_ /Yearly

11. Date available for work \_\_\_\_\_

12. Type of work desired (Check all that apply.)

<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Auto Inspector	<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Administrative Officer	<input type="checkbox"/> Clerk	<input type="checkbox"/> Custodial	<input type="checkbox"/> Secondary School Intern
<input type="checkbox"/> Attorney	<input type="checkbox"/> Clerk Typist	<input type="checkbox"/> Duplicating Operator	<input type="checkbox"/> Special Investigator
<input type="checkbox"/> Auditor	<input type="checkbox"/> Communications Specialist	<input type="checkbox"/> Government Services Intern	<input type="checkbox"/> Other (Specify) _____

13. Education/Training  
 Do you have a high school education?  Yes  No If "No," how many years have you completed? \_\_\_\_\_  
 Please provide the name and address of school or G.E.D. program so we can verify this information. \_\_\_\_\_

14. Other Education/Training  
 Copies of transcripts may be required upon request. (If you expect to graduate within nine months, give month and year you expect to receive your degree.)

School	City, State, Zip Code	Dates Attended		Did You Graduate?	No. of Credits Completed		Type of Degree	Major Course of Study
		From	To		Semester Hours	Other (Specify)		
Technical Business or other school								
College, University, Graduate or Professional school								
Credits obtained in Accounting, Auditing or Computer Science								

15. List special qualifications and office equipment skills (personal computer, printing, word processing, publications, etc.) or articles you have published. \_\_\_\_\_

**To be completed for clerical positions:**  
 Can you type?  Yes/W.P.M. \_\_\_\_\_  No  
 Can you write shorthand?  Yes/W.P.M. \_\_\_\_\_  No

16. Current licenses or certificates

Licensing authorities	License expiration date
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17. Do you have a current, legal PA driver's license? (If yes, indicate class.)  
 Yes  No

18. Do you now have, or have you ever had a PA liquor license?  
 Yes (license no.) \_\_\_\_\_  No

19. Were you ever convicted of any criminal offense, including a PA Liquor License violation (other than summary traffic offenses) or have you ever forfeited bond or collateral in connection with a criminal charge? (Conviction of a criminal offense is not a bar to employment in all cases.) If "Yes," give details on a separate sheet of paper. A criminal background check by the Pennsylvania State Police will be conducted on any applicant who the Department is considering for employment.  
 Yes  No

20. Are there criminal charges of any kind pending against you at this time?  
 Yes  No  
 If "Yes," give details on a separate sheet of paper.

21. List your employment record, beginning with your current or most recent position(s), and include at least three employers, if applicable. If your title or duties with an employer changed, describe in a new block. Include relevant volunteer or military service. Attach additional sheets, if necessary, including your name and the same information as requested in A through C.

<b>A</b> Employer Name and Address:	Dates employed (give month & year)		Average number of hours per week
	From	To	
	Salary or Earnings		Reason for leaving
	Beginning \$	Per	
	Ending \$	Per	
Name of immediate supervisor	Area Code	Telephone No.	Number and class or level of employees you supervise
Exact title of your position			
Description of duties			

<b>B</b> Employer Name and Address:	Dates employed (give month & year)		Average number of hours per week
	From	To	
	Salary or Earnings		Reason for leaving
	Beginning \$	Per	
	Ending \$	Per	
Name of immediate supervisor	Area Code	Telephone No.	Number and class or level of employees you supervise
Exact title of your position			
Description of duties			

<b>C</b> Employer Name and Address:	Dates employed (give month & year)		Average number of hours per week
	From	To	
	Salary or Earnings		Reason for leaving
	Beginning \$	Per	
	Ending \$	Per	
Name of immediate supervisor	Area Code	Telephone No.	Number and class or level of employees you supervise
Exact title of your position			
Description of duties			

22. May inquiry be made of your present or former employer regarding your character, qualifications and record of employment? (A "No" may affect consideration for employment.)  Yes  No

<p>23. Do you have the legal right to be employed in the United States?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Proof of citizenship or immigration status will be required upon employment.</p>	<p>24. Within the last five years have you been fired from any job for any reason?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Within the last five years have you quit a job after being notified that you would be fired?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Note:</b> If your answer to questions 24 &amp; 25 is "Yes," give details. Show name, address (including zip code) and telephone number of employer, approximate date and reasons in each case. This information should agree with your answers in Item 21 of this form.</p>
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26. References: List three persons, not related to you, who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 21. Consideration for employment may be delayed until three individuals can be contacted. List accurate phone numbers with area codes.

Name	Years Known	Present Business or Home Address	Business/Occupation	Telephone

27. I certify that all of the information on this Employment Application and all attachments is true, complete, and correct to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that all statements made by me on this Employment Application, resume, and attachments, including (but not limited to) current and prior employment and education, are subject to verification and that any falsification, omission, or misrepresentation may disqualify me from consideration for employment with the Department of the Auditor General or, if hired, may be grounds for termination at a later date.

I hereby authorize the Department to conduct a Criminal History Request by name and and required identifiers. I understand that because I may be driving a Commonwealth vehicle during my employment, the Department may periodically review my driving record. I understand that if hired, I may not hold other employment or engage in activities that would create a conflict of interest. I release the Department and any other party from any liability arising from inquiries or disclosures made pursuant to this Employment Application.

Signature of applicant (in ink)

Date



**PA DEPARTMENT OF THE AUDITOR GENERAL**  
**APPLICANT, NEW HIRE, OR EMPLOYEE SELF-IDENTIFICATION OF RACE/ETHNICITY AND GENDER<sup>1</sup>**

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**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**INVITATION TO SELF-IDENTIFY**

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender, as it appears on your official birth certificate? You may mark **only one** box.

- Male**
- Female**

What is your race/ethnicity? You may mark **only one** box.

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** all persons who identify with more than one of the above five races.

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<sup>1</sup>Form derived from the Equal Employment Advisory Council