## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF THE AUDITOR GENERAL

An Equal Opportunity Employer

## **EMPLOYMENT APPLICATION**



APPLICANT INFORMATION Print all answers in ink. Resumes are not considered a substitute for complete answers.																							
Last Nar	me								Firs	st Nam	е							M.I.			Suf	fix	
Mailing Address																Apt/Unit #							
City								Municipality/ Tax Area									State			ZIP			
Residence County						·				Votin	Voting County												
Home Pl	hone						Cell Phone																
Email A	ddress		Social Security Number																				
Type of employment (Check all that apply							Full-Time Pe			nent Pa	rt-Time		Temp Full-Time ☐ Temp Part-Time ☐					Sun	nmer 🗌				
List county(ies) where you will accept employment											If you	will ac	cept 6	empl	oymen	t in a	iny coi	ınty, cl	neck	"State	wide"	St	atewide
Date Available											al Salary Requirement \$												
Desired	Work	Admi	dmin Assistant			ney/Legal			k			☐ IT Systems ☐ HR					Inter	Intern					
			in Offi		Audi	or		Com	nmuni	ications	Custodial			☐ QC/Trainin			ıg 🗌	Other (sp					
Are you a citizen of the United States?			i	YES		0 🗆	If no,	are y	ou autl	norized to	o work	in the	e U.S	5.?	YES		NO [		Proof of status required upon hire.				
Have you ever worked for the Commonwealth of PA?					YES		o 🗆	List a and d															
Have you ever worked for ar audited by the Department?			_	entity	YES	□ N	о 🗆	List all entities and dates*															
Do any of your immediate family n for an entity audited by the Departm						k Y	ES 🗌	NO	NO List fa			Camily ber and entity											
Have you ever had a PA Liquor License?			or	YES	N	□ NO □ List			ist license number		ır												
Do you have a valid PA Drivers License?			rs'	YES	] N	NO List lic			cense class														
List current professional licenses and/or certificates and corresponding expiration dates*																							
Has any state ever revoked and/or suspended professional license and/or certificate of you					YES NO				If yes,	explain <sup>,</sup>	explain*												
Were you ever convicted of any criminal offense (other than minor traffic offenses), including a PA Liquor License violation, 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.																							
YES NO If "yes," give details on page 3 or on a separate sheet of white paper labeled with your name and SSN.																							
Are there criminal charges of any kind pendagainst you at this time?				pending	YE	s 🗌	NO [	NO 🗌 If yes, e			xplain*												
Within the last ten years, have you been fired from any job for any reason?				n fired	YE	s 🗌	NO [	☐ If yes, e		explain*	explain*												
Within the last ten years, have you quit any job after being notified you would be fired?					YE	YES NO			If yes,	explain*	xplain*												
	<b>EDUCATION</b> Transcripts may be required. List additional education on page 3 or on a separate sheet of white paper labeled with your name and SSN.																						
High Scl										dress						-							
From	From To					Did you gradua				te? YES 🗆			Type of Degree and Field of Study										

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<sup>\*</sup>If additional space is needed, give details on page 3 or on a separate sheet of white paper labeled with your name and SSN.

EDUCATION, CONT.																				
College							Address				_									
From			То		Did you gi	raduate?	YES	s 🗆	NC	) [	Field of	Stud	у							
Type of D	Type of Degree Number of Credits Completed																			
Other Sch	nool						Add	dress												
From	To Did you graduate?							S  NO  Type of Degree and Field of Study												
List credit	List credits obtained in Accounting, Auditing, or Computer Science with date(s) and school(s)																			
PREVIO	PREVIOUS EMPLOYMENT List current or most recent positions first and, if necessary, continue on page 3 or on a separate sheet of white paper labeled with your name and Social Security Number. List dates for periods of unemployment that exceed three months.																			
1 <sup>st</sup> Employer	Phone																			
Address									Supervisor											
Job Title								Startin	g Sala	ary S	ry \$			Ending		g Salary \$				
Responsit	oilities																			
From			То		Reason fo	r Leaving														
2 <sup>nd</sup> Employer													Pho	one						
Address													Sup	pervisor						
Job Title					:	Starting Salary \$			\$		End			ng Salary \$						
Responsib	Responsibilities																			
From		To Reason for Leaving																		
3 <sup>rd</sup> Employer	Dhone																			
Address Supervisor																				
Job Title						Starting Salary \$						Endi	Ending Salary \$							
Responsibilities																				
From			То		Reason fo	r Leaving														
May we c	May we contact your current and previous employer regarding your character, qualifications, and employment record?  YES  NO  NO							]												
REFER	ENCES	Lis	t three	persons unrelate	d to you, no	t including	prio	r supe	rvisor	rs, who	have defi	nite k	nowle	dge of you	ır quali	ificatio	ons an	ıd fitne	ess for p	osition.
1 <sup>st</sup> Name									В	Busines	s/Occupat	ion								
Address	SS Phone Years Known							nown												
2 <sup>nd</sup> Name									В	Busines	s/Occupat	ion					-			
Address																				
3 <sup>rd</sup> Name	Business/Occupation																			
Address												Phone					Years Known			
MILITA	MILITARY SERVICE Most recent																			
Branch						Entry Dat	te				Date ar	nd Ty	pe of I	Discharge						

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## DISCLAIMER AND SIGNATURE

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 I make on this Employment Application, during an interview, and/or on a 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 of the Auditor General to conduct a Criminal History Request by name and other required identifiers. I understand that because I may be driving a Commonwealth vehicle during my employment, the Department may periodically review my driving record and license status. I also understand that if hired, I may not hold other employment without prior permission or engage in activities that would create a conflict of interest or the appearance of a conflict. I release the Department of the Auditor General and any other party from any liability arising from inquiries or disclosures made pursuant to this Employment Application.

This Employment Application is maintained on file for one year, at which time it will become inactive.

Signature:	Date:
Sign, date, and return this Employment Application a	and any attachments to:
Department of the Auditor General Office of Human Resources 320 Finance Building 613 North Street Harrisburg, PA 17120	Phone: 717-787-3192 Fax: 717-772-1287 HR@PaAuditor.gov
Immissiones, 171 17120	Additional Details:

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