

# COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF THE AUDITOR GENERAL

An Equal Opportunity Employer

### EMPLOYMENT APPLICATION



<b>APPLICANT INFORMATION</b> <i>Print all answers in ink. Resumes are not considered a substitute for complete answers.</i>											
Last Name				First Name				M.I.		Suffix	
Mailing Address							Apt/Unit #				
City			Municipality/ Tax Area			State		ZIP			
Residence County					Voting County						
Home Phone					Cell Phone						
Email Address					Social Security Number						
Type of employment desired (Check all that apply.)		Permanent Full-Time <input type="checkbox"/>		Permanent Part-Time <input type="checkbox"/>		Temp Full-Time <input type="checkbox"/>		Temp Part-Time <input type="checkbox"/>		Summer <input type="checkbox"/>	
List county(ies) where you will accept employment					If you will accept employment in any county, check "Statewide"					Statewide <input type="checkbox"/>	
Date Available					Annual Salary Requirement \$						
Desired Work		Admin Assistant <input type="checkbox"/>		Attorney/Legal <input type="checkbox"/>		Clerk <input type="checkbox"/>		IT Systems <input type="checkbox"/>		HR <input type="checkbox"/>	
		Admin Officer <input type="checkbox"/>		Auditor <input type="checkbox"/>		Communications <input type="checkbox"/>		Custodial <input type="checkbox"/>		QC/Training <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>Proof of status required upon hire.</i>		
Have you ever worked for the Commonwealth of PA?		YES <input type="checkbox"/> NO <input type="checkbox"/>		List all agencies and dates*							
Have you ever worked for any entity audited by the Department?		YES <input type="checkbox"/> NO <input type="checkbox"/>		List all entities and dates*							
Do any of your immediate family members work for an entity audited by the Department?		YES <input type="checkbox"/> NO <input type="checkbox"/>		List family member and entity							
Have you ever had a PA Liquor License?		YES <input type="checkbox"/> NO <input type="checkbox"/>		List license number							
Do you have a valid PA Drivers' License?		YES <input type="checkbox"/> NO <input type="checkbox"/>		List license class							
List current professional licenses and/or certificates and corresponding expiration dates*											
Has any state ever revoked and/or suspended a professional license and/or certificate of yours?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain*							
Were you ever convicted of any criminal offense (other than <u>minor</u> 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 <input type="checkbox"/>		NO <input type="checkbox"/>		<i>If "yes," give details on page 3 or on a separate sheet of white paper labeled with your name and SSN.</i>							
Are there criminal charges of any kind pending against you at this time?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain*							
Within the last ten years, have you been fired from any job for any reason?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain*							
Within the last ten years, have you quit any job after being notified you would be fired?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain*							
<b>EDUCATION</b> <i>Transcripts may be required. List additional education on page 3 or on a separate sheet of white paper labeled with your name and SSN.</i>											
High School					Address						
From		To		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Type of Degree and Field of Study			

*\*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		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Field of Study		
Type of Degree				Number of Credits Completed					
Other School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of Degree and Field of Study		
List credits obtained in Accounting, Auditing, or Computer Science with date(s) and school(s)									
PREVIOUS EMPLOYMENT <i>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.</i>									
1 <sup>st</sup> Employer				Phone					
Address				Supervisor					
Job Title									
Responsibilities									
From		To		Reason for Leaving					
2 <sup>nd</sup> Employer				Phone					
Address				Supervisor					
Job Title									
Responsibilities									
From		To		Reason for Leaving					
3 <sup>rd</sup> Employer				Phone					
Address				Supervisor					
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your current and previous employer regarding your character, qualifications, and employment record? <i>A "no" may affect consideration for employment.</i>							YES <input type="checkbox"/>		NO <input type="checkbox"/>
REFERENCES <i>List three persons unrelated to you, not including prior supervisors, who have definite knowledge of your qualifications and fitness for position.</i>									
1 <sup>st</sup> Name				Business/Occupation					
Address				Phone			Years Known		
2 <sup>nd</sup> Name				Business/Occupation					
Address				Phone			Years Known		
3 <sup>rd</sup> Name				Business/Occupation					
Address				Phone			Years Known		
MILITARY SERVICE <i>Most recent</i>									
Branch				Entry Date		Date and Type of Discharge			

