

Please use blue or black ink to complete this application.

Your Social Security Number

--	--	--	--	--	--	--	--	--	--

10. TRAINING Educational credits may be verified if offered a job. An Official Transcript (the only acceptable proof of claimed education) may be requested at that time.

TRAINING	Name and Address	Dates attended		No. of credits completed		Did you graduate?	Type Degree Recd (ex. AA, BA, BS, MA)	Major course of study
		From	To	Semester hrs.	Clock hrs.			
High School								
Technical, Business or Other Training								
College, University or Professional School								

11. EXPERIENCE Include paid employment, volunteer work, and military service that helps to qualify you for the job. If your title and duties changed in the course of your work with one employer, **describe** the changed duties in a new block. For each job, supply all details of your duties needed to correctly describe your work. State size and kind of work force, if any, supervised by you and extent of such supervision. Attach additional sheets if needed. List the question number and your social security number on each attached sheet.

A. Present or most recent From: Mo. Yr. To: Mo. Yr. Total time spent Yrs. Mos. Total hours worked weekly Yearly Salary Starting \$ _____ Present/Ending \$ _____	Name of Employer:	Address:		OFFICIAL USE ONLY	
				Evaluation	Verification
	Type of Business:	Your Title:	Name and Title of Your Supervisor:		
	Duties:				

Please use blue or black ink to complete this application.

Your Social Security Number

--	--	--	--	--	--	--	--	--	--

11. EXPERIENCE

B. From: Mo. Yr. To: Mo. Yr. Total time spent Yrs. Mos. Total hours worked weekly Yearly Salary Starting \$ _____ Ending \$ _____	Name of Employer:	Address:		OFFICIAL USE ONLY	
				Evaluation	Verification
	Type of Business:	Your Title:	Name and Title of Your Supervisor:		
	Duties:				

C. From: Mo. Yr. To: Mo. Yr. Total time spent Yrs. Mos. Total hours worked weekly Yearly Salary Starting \$ _____ Ending \$ _____	Name of Employer:	Address:		OFFICIAL USE ONLY	
				Evaluation	Verification
	Type of Business:	Your Title:	Name and Title of Your Supervisor:		
	Duties:				

EQUAL OPPORTUNITY EMPLOYER

Please use blue or black ink to complete this application.

Your Social Security Number

--	--	--	--	--	--	--	--	--	--

12. EMPLOYMENT QUESTIONNAIRE This information is used in sending the names of successful applicants to hiring agencies. PLEASE COMPLETE ALL QUESTIONS. If you do not, you may limit your chances for employment.

A. WHAT KIND(S) OF EMPLOYMENT WILL YOU ACCEPT? (Check all that apply.)

Career Appointment (Standard workweek, year round)

Part-Time (Less than standard workweek, usually year round)

Temporary up to 12 months (Standard workweek)

Seasonal (Standard workweek, less than year round)

B. WHEN CAN YOU START WORK? If not immediately provide date.

Month		Day		Year	
				2	0

C. COUNTY WHERE YOU LIVE? Codes are on Page 6. If you do not live in Pennsylvania, enter "99."

D. LOCATIONS WHERE YOU WILL ACCEPT EMPLOYMENT? Use the codes on Page 6. Be sure to include the county code where you live, unless you do not want to work there. Refer to the test announcement or contact the hiring agency for job locations. Choose locations where the jobs exist. If you don't accept a job offer, your name may be removed from the list.

--	--	--	--	--	--	--	--	--	--

E. CAN YOU COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH? For some jobs it is important to be able to speak with persons of different cultures and backgrounds. If you check any box or list additional languages in response to this question, you may be required to submit additional proof or participate in an oral interview.

Spanish Russian Vietnamese Cambodian Other (Specify)

13. CRIMINAL HISTORY A "Yes" answer will not prevent you from being tested and is not necessarily a bar to employment. Your application will be provided to hiring agencies. A prospective hiring agency may ask for additional information and will review the job-relatedness of your criminal history record. Please bring any information explaining your criminal history to the interview.

CRIMINAL OFFENSE includes felonies, misdemeanors and summary offenses.

CONVICTION is an adjudication of guilt and includes determinations before a court, a district justice or magistrate and pleas of nolo contendere (no contest) that result in a fine, sentence or probation.

For this question disregard: minor traffic violations (no points), offenses committed before your 18th birthday which were adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program.

Were you ever convicted of a criminal offense? **OR** Are you now under charges for a criminal offense? **OR** Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No

14. VERIFICATION OF EXPERIENCE AND TRAINING/EDUCATION INFORMATION. This application may result in your appointment or promotion to a civil service position. The Commission may need to verify your experience and training/education.

Do we have your written permission for the verification? Yes No

If you do not grant permission to verify your experience and training/education and you subsequently are appointed or promoted, you may then be required to provide proof that you possess the training/education that you claim. We also may require verification of qualifying work experience from former employers.

If your school/employment records are listed under another name or names, print them below.

15. Verified Declaration - I understand that by submitting this completed Application for Employment/Promotion to the Pennsylvania State Civil Service Commission, I am agreeing to be bound by the following declaration: "I declare that all of the information I have provided on this application, and on any other required supplement or document also provided by me, is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities."

(Signature)

(Date)

Please use blue or black ink to complete this application.

Your Social Security Number

--	--	--	--	--	--	--	--	--	--

SCSC-1A Rev 07/04	RESEARCH QUESTIONNAIRE
----------------------	-------------------------------

Instructions Your answers to the following questions will be kept confidential. Your answers will be used for research purposes and to help assure equal employment opportunities. Your cooperation in providing accurate information is important. This information is **voluntary**.

A. HOW DO YOU DESCRIBE YOURSELF?

- BLACK:** (not of Hispanic Origin): Persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
- WHITE:** (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa.

B. DATE OF BIRTH?

Month		Day		Year			

C. WHAT IS YOUR SEX? Female Male

D. WHAT IS THE HIGHEST SCHOOL GRADE YOU HAVE COMPLETED?

High School	7 or less	8	9	10	11	12	GED
→	<input type="checkbox"/>						

College	1	2	3	4	5 or more
→	<input type="checkbox"/>				

E. DID YOU LEARN ABOUT THIS JOB AT A LOCAL TEAM PA CAREERLINK OFFICE?

Yes No