



Dauphin County
APPLICATION FOR APPOINTMENT

Return to:
Dauphin County Board of Commissioners
P.O. Box 1295
Harrisburg, PA 17108-1295
717.780-6300

- Personal Information

Full Name: _____ Age: _____

Address: _____ City: _____ Zip _____

Township/Municipality: _____ Resident of Dauphin Co. since: _____

Daytime Telephone#: _____ Evening Telephone# _____

I request appointment to the following Board/Authority/Commission:

- Employment Information

Current Employer: _____ Job Title: _____

Employer Address: _____

Telephone#: _____ Hours of Employment: _____

Fax#: _____

- Educational Background

High School: _____ Graduate? Yes ___ No ___

College: _____ Graduate? Yes ___ No ___

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- Educational Background, Cont'd.

Other: _____ Graduate? Yes ___ No ___

- Please answer all of the following questions. If additional space is required, use the back side of this form.

1. If appointed, how much time can you devote to the municipal body? _____
2. On what date would you first be available for service? _____
3. Are you or have you ever been a member or supported any organization, association, group or movement that advocates the violent or forceful overthrow of the Government of the United States or the Commonwealth of Pennsylvania or any municipal governmental bodies within the Commonwealth in violation of the Constitution of the United States or the Commonwealth or which organization, association, group or movement promotes or advocates the denial of any person's civil rights by unconstitutional means? No: _____
Yes (Please state particulars): _____

4. Are you delinquent in the payment of Dauphin County, Municipality, or School District Real Estate Taxes? No: _____ Yes (Please state particulars) _____

5. Do you own any property in Dauphin County or have any controlling interest in a partnership, corporation or other entity which owns property; where that property is presently subject to a tax lien for unpaid taxes? No: _____ Yes: (Please state particulars) _____

6. Are you a member of any organization where your membership may constitute an actual conflict of interest with Dauphin County or may give the appearance of a conflict of interest? No: _____ Yes (Please state particulars): _____

7. Have you ever been convicted of a felony or misdemeanor of the first or second degree? No: _____ Yes (Please state particulars): _____

8. Have you ever been subject to a finding of child abuse? Yes: _____ No: _____

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9. Have you ever been subject to a finding of sexual harassment? Yes: _____ No: _____
10. Have you ever filed a petition in bankruptcy? Yes: _____ No: _____
11. Dauphin County adheres to the tenets of the Drug Free Workplace Act and has zero tolerance for the use of unlawful drugs in the workplace. Are you willing to support the provisions of this Act? Yes: _____ No: _____
12. Are you an active member of any nonprofit, civic, charitable or community-based organizations? No: _____ Yes (List organizations): _____

13. Are you a registered voter? Yes: _____ No: _____
14. The Board of Commissioners desires to appoint individuals who will be active participants on County boards and commissions, including regular attendance of scheduled meetings. Are you willing to be an active board member and attend scheduled meetings?
Yes: _____ No: _____
15. What special skills do you possess (including hobbies and leisure activities) that may enhance your service?

- Information required for background check

Full Name: _____

Former Name(s); if any? _____

Social Security Number: _____

Date of Birth: _____

The information above is used solely for the purpose of the background check.

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- Please state your reasons for requesting appointment to the above municipal body(ies) and attach a brief professional resume.

(Print or type) _____

- Signature & Date

In signing, I do solemnly swear (or affirm) that this application contains no misrepresentation, falsification or omission and that the information given by me and complete to the best of my knowledge and belief. Furthermore, I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of the Commonwealth of Pennsylvania, and that I will discharge the duties of my office with fidelity. I consent to an investigation of my background and any information provided herein, including a criminal history check.

Signature

Date