

OFFICE OF ATTORNEY GENERAL



Commonwealth of Pennsylvania Application for Employment

We appreciate your interest in the Office of Attorney General and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history is essential in order for us to consider you for employment. Please type or print legibly in ink. Resumes are not considered a substitute for complete answers. The use of this form does not mean there are any available positions nor in any way obligates the Office of Attorney General. We hire only United States citizens and aliens lawfully authorized to work in the United States.

The Office of Attorney General is an equal opportunity employer and complies with the Americans With Disabilities Act (ADA) by providing equal opportunity for qualified applicants with a disability.

1. OFFICIAL USE											
2. NAME			Last		First		MI	3. SOCIAL SECURITY NUMBER			
4. MAILING ADDRESS											
County			State		Zip Code		5. TELEPHONE NUMBER (Home)		6. TELEPHONE NUMBER (Work)		
7. ARE YOU A UNITED STATES VETERAN?			8. HAVE YOU EVER BEEN EMPLOYED BY THE COMMONWEALTH OF PENNSYLVANIA?					From	To		
<input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, by what agency? <input type="checkbox"/> Yes <input type="checkbox"/> No					Mo. & Yr.	Mo. & Yr.		
9. COUNTY WHERE YOU WILL ACCEPT EMPLOYMENT				10. EMPLOYMENT PREFERENCE (Check all that apply)					<input type="checkbox"/> Nonpaid Credit Legal Intern		
<input type="checkbox"/> Statewide <input type="checkbox"/> Centre <input type="checkbox"/> Luzerne				<input type="checkbox"/> Attorney <input type="checkbox"/> Civil Investigator					<input type="checkbox"/> Nonpaid Credit Student Intern		
<input type="checkbox"/> Allegheny <input type="checkbox"/> Dauphin <input type="checkbox"/> Lycoming				<input type="checkbox"/> Narcotics Agent <input type="checkbox"/> Administrative					<input type="checkbox"/> Volunteer for Bureau		
<input type="checkbox"/> Bucks <input type="checkbox"/> Erie <input type="checkbox"/> Montgomery				<input type="checkbox"/> Consumer Protection Agent <input type="checkbox"/> Accounting/Auditing					of Consumer Protection Mediation		
<input type="checkbox"/> Butler <input type="checkbox"/> Lackawanna <input type="checkbox"/> Philadelphia				<input type="checkbox"/> Special Agent/Medicaid Fraud <input type="checkbox"/> Computer					<input type="checkbox"/> Clerk		
<input type="checkbox"/> Cambria <input type="checkbox"/> Lehigh <input type="checkbox"/> Westmoreland				<input type="checkbox"/> Special Agent/Criminal Investigation <input type="checkbox"/> Programmer/ Analyst					<input type="checkbox"/> Clerk Typist		
				<input type="checkbox"/> Special Agent/Insurance Fraud <input type="checkbox"/> Paralegal					<input type="checkbox"/> General Laboring		
				<input type="checkbox"/> Special Agent/Environmental Crimes <input type="checkbox"/> Legal Intern					<input type="checkbox"/> Other (Specify)		
				<input type="checkbox"/> Special Agent/Regulatory Compliance Investigation							
11A. ARE YOU AVAILABLE FOR (Check all that apply)				11B. MINIMUM SALARY YOU WILL ACCEPT		11C. DO YOU HAVE RELATIVES CURRENTLY EMPLOYED BY THE OFFICE OF ATTORNEY GENERAL?					
<input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Temporary Full-Time						<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Summer Full or Part Time						If yes, list names and relationships					
HIGH SCHOOL EDUCATION	12A. DID YOU GRADUATE OR DO YOU HAVE A GED HIGH SCHOOL DIPLOMA?					12B. NAME OF LAST HIGH SCHOOL ATTENDED					
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still attending					Street					
	If no or still attending, highest grade completed _____					City					
	High school curriculum					State					
	<input type="checkbox"/> Academic <input type="checkbox"/> Business <input type="checkbox"/> General					Zip Code					
	<input type="checkbox"/> Other (specify) _____										
COLLEGE, LAW SCHOOL, OR POST-HIGH SCHOOL EDUCATION	12C. NAME & LOCATION OF COLLEGE OR UNIVERSITY (city, state & zip code, if known) If you expect to graduate within nine months, give month and year you expect to receive your degree.				Dates Attended		Years Completed	Credits Completed	Type of Degree (BA, etc.)	Year of Degree	
					From	To					
12D. UNDERGRADUATE FIELD(S) OF STUDY				Credits Completed	12E. GRADUATE FIELD (S) OF STUDY				Credits Completed		

This Application must be returned to the Office of Attorney General, Human Resources Section, 14th Floor, Strawberry Square, Harrisburg, PA 17120, and will make you eligible for employment for a period of one year.

12F. OTHER SCHOOLS OR TRAINING (for example, trade, vocational, armed forces or business). Give for each the name and location (city, state and zip code, if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificate, and any other pertinent data.

13A. SPECIAL QUALIFICATIONS AND SKILLS WITH MACHINES AND EQUIPMENT (office, industrial, printing, etc.)	13B. APPROXIMATE NUMBER OF WORDS PER MINUTE Typing _____ Shorthand _____
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13C. CURRENT LICENSES OR CERTIFICATES (Pilot, Lawyer, Radio Operator, CPA, Paralegal) Licenses / Certificates _____ Licensing Authorities _____	14. IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES A DRIVER'S LICENSE, DO YOU POSSESS A LEGAL AND CURRENT DRIVER'S LICENSE? <input type="checkbox"/> Yes If yes, indicate class and your driver's license number <input type="checkbox"/> No <input type="checkbox"/> 1 - Car or light duty truck <input type="checkbox"/> 2&3 - Trucks Driver's License Number: _____
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15. LIST YOUR EXPERIENCE RECORD. Include paid employment, volunteer or unpaid work, and military service which in your opinion helps to qualify you for the job you want. If your title and duties changed in the course of your work with one employer, describe the changed duties in a new block. Attach additional sheets, if needed. Include your name and social security number on each additional sheet. *If an attorney or legal intern applicant, complete Supplemental Application for Attorney and Legal Intern Positions in lieu of No. 15.* **MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT?** Yes No

15A. NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION (include zip code, if known)	Dates employed (give month & year) From _____ To _____	Average number of hours per week _____
	Salary or earnings Beginning \$ _____ per _____ Present \$ _____ per _____	Your reason for wanting to leave _____

Exact title of your position	Name of immediate supervisor	Area Code	Telephone No.	Number and kind of employees you supervise
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Description of duties and accomplishments in your work

15B. NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION (include zip code, if known)	Dates employed (give month & year) From _____ To _____	Average number of hours per week _____
	Salary or earnings Beginning \$ _____ per _____ Ending \$ _____ per _____	Your reason for leaving _____

Exact title of your position	Name of immediate supervisor	Area Code	Telephone No.	Number and kind of employees you supervised
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Description of duties and accomplishments in your work

Any additional work experience must be added on a separate sheet of 8 1/2 x 11 white paper. Be sure to print. Include your name, social security number and same information as requested in questions 15A and B.

ANSWER ITEMS 16 THROUGH 19 BY PLACING AN "X" IN THE PROPER BOXES

16. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you an alien lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. WITHIN THE LAST FIVE YEARS HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON? <input type="checkbox"/> Yes <input type="checkbox"/> No
	18. WITHIN THE LAST FIVE YEARS HAVE YOU QUIT A JOB AFTER BEING NOTIFIED THAT YOU WOULD BE FIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	NOTE: If your answer to 17 or 18 is yes, give details. Show name and address (including zip code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Section 15. A conviction or a firing does not necessarily mean you cannot be appointed. The nature of the conviction or firing and how long ago it occurred is important. Give all the facts on a separate sheet of paper so that a decision can be made.

19. WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? (Omit minor traffic violations and any offense committed before your eighteenth birthday which was finally settled in a juvenile court or under a youth offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. If yes, give details on a separate sheet of paper. Be sure to include your social security number.) Yes No

20. REFERENCES: List three persons who are not related to you and 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 15.

Full Name	Years Known	Present Business or Home Address (Number, Street, City, State and Zip Code)	Business or Occupation	Telephone

CERTIFICATION I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. Any misstatements or omissions of material facts may be cause for dismissal.	EMAIL ADDRESS	
	SIGNATURE OF APPLICANT (IN INK)	DATE

RESEARCH QUESTIONNAIRE

The Office of Attorney General wants to be certain that the recruitment and hiring of employees is fair for everyone. Please be advised that the information requested below will be kept confidential and will not affect your chances for employment. This information is voluntary; your answers will be used for research purposes and to help assure equal employment opportunities.

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
<p><input type="checkbox"/> BLACK/AFRICAN AMERICAN (NOT OF HISPANIC ORIGIN): Persons having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> WHITE (NOT OF HISPANIC ORIGIN): Persons having origins to the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> NATIVE AMERICAN: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community affiliation.</p> <p><input type="checkbox"/> ASIAN OR PACIFIC ISLANDER: Persons having origins in any 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.</p>			