



# TREASURY DEPARTMENT

*An Affirmative Action & Equal Opportunity Employer*

## APPLICATION INSTRUCTIONS

**TYPE OR PRINT IN INK - NO PENCIL.** Complete all portions of this form, including signature and date. Include all necessary supplemental forms and certificates. Incomplete forms will be returned to the applicant. Resumes are not considered a substitute for complete answers.

If additional space is needed to adequately answer any question, please use white paper the same size as the form and mark each additional page with your name and social security number.

### **Items 1 through 9**

Complete blocks as directed.

### **Item 10 (Education)**

List high school or GED program completed. Also, list all college and other formal education, including dates attended, years completed, semester or quarter hours completed, type of degree, and year of degree.

### **Items 11 and 12 (Special Qualifications & Licenses)**

List the following (as applicable): professional licenses or certificates you have acquired, articles you have had published and any office equipment/technology with which you are skilled.

### **Item 13 (Pennsylvania Licenses)**

Place an X in the proper boxes.

### **Item 14 (Employment)**

Begin with current or most recent work, including volunteer work. At a minimum, please include your three (3) most recent employers. List dates for periods of unemployment that exceed three months. If you were placed into a new position by the same employer, a new block should be used. Use supplemental sheets for additional employers.

### **Items 15 through 19**

Place an X in the proper boxes.

### **Items 18 and 19**

If the answer to any of these questions is "yes", please explain on a separate sheet of paper.

### **Item 20 (References)**

List three references, including telephone number with area code, who are not related to you who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors listed under Item 14.

### **Item 21**

Please sign and date your application and return it to:

Email interactive form to:

**Treasury Department**  
**Office of Human Resources**  
104 Finance Building  
Harrisburg, PA 17120  
(717) 787-5979

OR [HR@patreasury.gov](mailto:HR@patreasury.gov)

### **What happens to my application once it is submitted?**

The information is placed on file to await a suitable vacancy for which you may qualify.

### **How long is my application kept on file?**

Your application will be maintained on file for a period of one year. At the end of that time it will automatically become inactive. It will be necessary to submit an updated application. This is done to give you the opportunity to update your application with any education or experience you may have gained during the year, which may qualify you for additional positions.

Do Not Detach This Sheet From Application

Research Questionnaire

Please be advised that the information requested below will be kept confidential and will not affect your chances for employment. Your cooperation in providing accurate information is important. This information is voluntary; you are not required to complete this portion of the form. Your answers will be used solely for research purposes and to help assure equal employment opportunities. This data is maintained by the Department's Office of Affirmative Action, and if you are hired is not made part of your personnel file. Please check the appropriate response to each question. Thank you for your assistance.

Male

Female

Date of Birth

**Race/Ethnicity (How do you describe yourself ?)**

- Black/African American** (not Hispanic/Latino): Persons having origins in any of the Black Racial groups of Africa.
- Hispanic/Latino**: Persons of Cuban, Mexican, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin, regardless of race.
- White** (not Hispanic/Latino): Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native American/Alaskan** (not Hispanic/Latino): Persons having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment.
- Native Hawaiian/Pacific Islander** (not Hispanic/Latino): Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (not Hispanic/Latino): Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Two or More Races** (not Hispanic/Latino): Persons who identify with more than one of the races described above.



# Application for the Pennsylvania Treasury Department

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

2. Please provide any names or aliases by which you were formerly known. \_\_\_\_\_ 2a. Email Address \_\_\_\_\_

3. Mailing Address (number, street & apartment #) \_\_\_\_\_ 4. Voting County Code \_\_\_\_\_ Residence County Code \_\_\_\_\_ area code/telephone No. (Home) \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ area code/telephone No. (Work) \_\_\_\_\_

6. Have you ever been employed by the Commonwealth of Pennsylvania? If "Yes," what Agency? \_\_\_\_\_ From \_\_\_\_\_ mo./yr To \_\_\_\_\_ mo./yr

7. Location where you will accept employment. (Using the list below, find the code for the counties where you will accept employment. Enter the code of each county in the space provided. If you will accept employment in any county, check "statewide" box.) \_\_\_\_\_  Statewide

**COUNTY CODES:**

01-Adams	11-Cambria	21-Cumberland	31-Huntingdon	41-Lycoming	51-Philadelphia	61-Venango
02-Allegheny	12-Cameron	22-Dauphin	32-Indiana	42-McKean	52-Pike	62-Warren
03-Armstrong	13-Carbon	23-Delaware	33-Jefferson	43-Mercer	53-Potter	63-Washington
04-Beaver	14-Centre	24-Elk	34-Juniata	44-Mifflin	54-Schuylkill	64-Wayne
05-Bedford	15-Chester	25-Erie	35-Lackawanna	45-Monroe	55-Snyder	65-Westmoreland
06-Berks	16-Clarion	26-Fayette	36-Lancaster	46-Montgomery	56-Somerset	66-Wyoming
07-Blair	17-Clearfield	27-Forest	37-Lawrence	47-Montour	57-Sullivan	67-York
08-Bradford	18-Clinton	28-Franklin	38-Lebanon	48-Northampton	58-Susquehanna	
09-Bucks	19-Columbia	29-Fulton	39-Lehigh	49-Northumberland	59-Tioga	
10-Butler	20-Crawford	30-Greene	40-Luzerne	50-Perry	60-Union	

Are you a veteran of the U.S. armed forces?  
 Yes  No

8. Type of employment for which you are applying (Check all boxes that apply.)  
 Permanent Full-Time  Temporary Full-Time  Summer  
 Permanent Part-Time  Temporary Part-Time  
 Salary requirements, if any \$ \_\_\_\_\_ /Yearly  
 Date available for work \_\_\_\_\_

9. Type of work desired (Check all that apply.)  
 Administrative Assistant  Auto Inspector  Custodial  Secretarial  
 Administrative Officer  Clerk  Duplicating Operator  Secondary School Intern  
 Attorney  Clerk Typist  Government Services Intern  Special Investigator  
 Auditor  Computer Systems  Communications Specialist  Other (Specify) \_\_\_\_\_

10. Education/Training  
 Do you have a high school education?  Yes  No If "No," how many years have you completed? \_\_\_\_\_  
 Please provide the name and address of school or G.E.D. program so we can verify this information. \_\_\_\_\_

Other Education/Training Copies of transcripts may be required upon request. (If you expect to graduate within nine months, give month and year you expect to receive your degree.)	Dates Attended		Did You Graduate?	No. of Credits Completed		Type of Degree	Major Course of Study
	From	To		Semester Hours	Other (Specify)		
Technical Business or other school School _____ City, State, Zip Code _____							
College, University, Graduate or Professional school School _____ City, State, Zip Code _____							
Credits obtained in Accounting, Auditing or Computer Science School _____ City, State, Zip Code _____							

11. List special qualifications and office equipment skills (personal computer, printing, word processing, publications, etc.) or articles you have published. \_\_\_\_\_  
 To be completed for clerical positions  
 Can you type?  Yes/W.P.M. \_\_\_\_\_  No  
 Can you write shorthand?  Yes/W.P.M. \_\_\_\_\_  No

12. Current licenses or certificates \_\_\_\_\_ Licensing authorities \_\_\_\_\_ License expiration date \_\_\_\_\_

13. Do you have a current, valid PA driver's license? (If yes, indicate class.) \_\_\_\_\_ Do you now have, or have you ever had a PA liquor license?  
 Yes (license no. \_\_\_\_\_)  No  Yes (license no. \_\_\_\_\_)  No

14. List your employment record. Start with present 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. List at least three (3) employers when applicable. Include your name and social security number and same information as requested in A through C.

<b>A</b> Employer name and address:	Dates employed (give month & year) From _____ To _____		Average number of hours per week
	Salary or Earnings Beginning \$ _____ Per _____ Ending \$ _____ Per _____		Reason for leaving
Name of immediate supervisor	Area Code	Telephone No.	Number and class or level of employees you supervise
Exact title of your position			
Description of duties			

<b>B</b> Employer name and address:	Dates employed (give month & year) From _____ To _____		Average number of hours per week
	Salary or Earnings Beginning \$ _____ Per _____ Ending \$ _____ Per _____		Reason for leaving
Name of immediate supervisor	Area Code	Telephone No.	Number and class or level of employees you supervise
Exact title of your position			
Description of duties			

<b>C</b> Employer name and address:	Dates employed (give month & year) From _____ To _____		Average number of hours per week
	Salary or Earnings Beginning \$ _____ Per _____ Ending \$ _____ Per _____		Reason for leaving
Name of immediate supervisor	Area Code	Telephone No.	Number and class or level of employees you supervise
Exact title of your position			
Description of duties			

May inquiry be made of your present or former employer regarding your character, qualifications and record of employment? (A "No" may affect consideration for employment.)  Yes  No

<b>15.</b> Do you have the legal right to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  Proof of citizenship or immigration status will be required upon employment.	<b>16.</b> Within the last five years have you been fired from any job for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Note:</b> If your answer to questions 16 & 17 is "Yes," give details. Show name, address (including zip code) and telephone number of employer, approximate date and reasons in each case. This information should agree with your answers in Section 14 of this form.
	<b>17.</b> 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	

<b>18.</b> Were you ever convicted of any criminal offense, including a PA Liquor License violation (other than summary traffic offenses) 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.) If "Yes," give details on a separate sheet of paper. A criminal background check by the Pennsylvania State Police will be conducted on any applicant who the Department is considering for employment <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>19.</b> Are there criminal charges of any kind pending against you at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give details on a separate sheet of paper.
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**20.** References: List three persons, not related to you, 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 Section 14. Consideration for employment may be delayed until three individuals can be contacted. List accurate phone numbers with area codes.

Name	Years Known	Present Business or Home Address	Business/Occupation	Telephone

**21. Unsworn Declaration: I understand by submitting this Application for Employment I am agreeing to be bound by the following declaration: "I declare that all of my answers on this application are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities." I understand that the penalty for violating § 4904 may include up to two years imprisonment and a \$1,000 fine.**

Signature of applicant (in ink) \_\_\_\_\_ Date \_\_\_\_\_

