



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: \_\_\_\_\_

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 \_\_\_

**Application for Appointment; Page #2**

**- 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: \_\_\_\_\_

**Application for Appointment; Page #3**

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.*

Application for Appointment; Page #4

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

(Print or type) \_\_\_\_\_  
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**- 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**

