

**DAUPHIN COUNTY  
APPLICATION FOR APPOINTMENT**

**Return to:  
Robert Burns, Director  
Dauphin County Area Agency on Aging  
2 South Second Street  
Harrisburg, PA 17101  
(717) 780-6130**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Resident of Dauphin County since: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I request appointment to the \_\_\_\_\_  
(Name of Board, Authority or Commission)

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Hours of Work: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(Include evenings)

Email: \_\_\_\_\_

Educational Background:	Graduate?
High School: _____	Yes ____ No ____
College: _____	Yes ____ No ____
Other: _____	Yes ____ No ____

If appointed, how much time can you devote to the municipal body: \_\_\_\_\_

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On page 2 of this form state your reasons for requesting appointment to the above municipal body (ies). Attach a brief professional resume. Answer all questions on pages 3 – 5 of this application.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

In signing, I do solemnly swear (or affirm) that this application contains no misrepresentations, falsification or omission and that the information given by me is true 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.



Please answer all the following questions. Should additional space be required, use the reverse side of this form.

1. On what date would you first be available for service: \_\_\_\_\_
2. Are you or have you ever been a member or supported any organizations, 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?

\_\_\_\_\_ Yes (If YES, please state particulars.) \_\_\_\_\_ No

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3. Are you delinquent in the payment of Dauphin County, or Municipality, or School District Real Estate Tax?

\_\_\_\_\_ Yes (If YES, please state particulars.) \_\_\_\_\_ No

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4. 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?

\_\_\_\_\_ Yes (If YES, please state particulars.) \_\_\_\_\_ No

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5. 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?

\_\_\_\_\_ Yes (If YES, please state particulars.) \_\_\_\_\_ No

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6. Have you ever been convicted of a felony or misdemeanor of the first or second degree? Yes \_\_\_\_ No \_\_\_\_

7. Have you ever been subject to a finding of child abuse? Yes \_\_\_\_ No \_\_\_\_

8. Have you ever been subject to a finding of sexual harassment? Yes \_\_\_\_ No \_\_\_\_

9. Have you ever filed a petition in bankruptcy? Yes \_\_\_\_ No \_\_\_\_

10. Dauphin County adheres to the tenets of the Drug Free Work place act and has zero tolerance for the use of unlawful drugs in the work place. Are you willing to support the provisions of this Act? Yes \_\_\_\_ No \_\_\_\_

11. Please list any nonprofit, civic, charitable or community-based organizations, in which you are an active member: \_\_\_\_\_

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12. Are you registered to vote? Yes \_\_\_\_ No \_\_\_\_

13. The Board of Commissioners desires to appoint individuals who will be active participants on County boards and commissions, including regular attendance at scheduled meetings. Are you willing to be an active board member and attend scheduled meetings? Yes \_\_\_\_ No \_\_\_\_

14. What special skills do you possess (including hobbies and leisure activities) that may enhance your service?

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Information required for background check:

Full Name \_\_\_\_\_

Former Names, if any \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

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