

APPLICATION FOR PENNSYLVANIA GAME COMMISSION PART-TIME EMPLOYMENT

The purpose of the following questions is to obtain job-related information to evaluate you for the position for which you are applying. All information entered on the application must be accurate and complete, and only your most recent application will be considered. The Commonwealth may verify all information entered on the application. Providing false information may disqualify you from consideration for employment with the Commonwealth of Pennsylvania, or termination if employed. A new application must be completed every calendar year to apply for seasonal positions.

Must be at least 18 years of age or older to apply for this position.

Last name: _____ First name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number(s): _____ Email: _____

Are you a resident of Pennsylvania? YES NO If so, County _____ /Municipality _____
(Circle one: Borough, City, or Township)

Are you a Veteran? YES NO

Are you Retired? YES NO

Do you have a valid PA Driver's License or PA ID? YES NO

If "YES," please Circle One: Class C Class B Class A (CDL) Commercial Non-Commercial ID Only

DL/PA ID#: _____ EXP: _____ DOB: _____

Have you ever been employed by the Commonwealth of PA? YES NO

If "YES," Agency/Location: _____ Dates: _____

_____, _____ Dates: _____

EDUCATION:

Did you graduate high school? YES NO

Did you complete a GED? YES NO

Do you have any secondary education? YES NO

If "YES," Course of Study: _____ Dates: _____

Did you complete a degree? YES NO If "YES," what type of degree? _____

WORK HISTORY: *(List Last 2 Employers.)*

Company/Agency _____
 Supervisor Name _____ Phone Number _____
 Job Title _____ Duties _____
 Hours/Week _____ Pay Rate _____
 Reason for Leaving _____ May we contact this employer? YES NO

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 Supervisor Name _____ Phone Number _____
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SPECIAL SKILLS: *(Please circle all that apply.)*

*Carpentry *Electrical *Lift 40+ pounds *Painting *Plumbing *Welding *Agriculture
 *Plant Species/Disease Identification **Other Skills: _____

REFERENCES: *(List 2 persons, years known and phone number of who are not related to you.)*

1. Name _____ Years Known _____ Phone # _____
 2. Name _____ Years Known _____ Phone# _____

Other Comments: _____

I certify that all the statements made by me are true, complete, and correct to the best of my knowledge and belief and are Made in good Faith.

SIGNATURE OF APPLICANT: _____ DATE: _____