

## **Zoning & Planning Assistant**

### **General Definition**

The Zoning & Planning Assistant duties are as assigned by the director which may include but are not limited to the listed job duties below.

**Reports to:** Zoning/Planning Director, in their absence the Township Manager

### **Job Duties:**

- Conduct site inspections to establish information relevant to applications and to determine compliance with the Codes of Chestnuthill Township.
- Prepare new/modified Zoning and SALD Ordinances and/or other Ordinance updates at the request of the Planning & Zoning Director as directed by the Board of Supervisors.
- Prepare Notice of Violations to any person, firm, or corporation violating any provisions of Codes of Chestnuthill Township.
- Prepare Civil Enforcement proceedings against any person, firm, or corporation which refuses to correct a violation of any provision of the ordinance.
- Attend Civil Proceedings which result from enforcement actions. (as necessary)
- Receive and examine applications for completeness, which are required by the Chestnuthill Township Zoning Ordinance.
- Attend Zoning Hearings and Planning Commission meetings. (as necessary)
- Assist the Zoning/Planning Director with questions and concerns from the public.
- Maintain detailed records of all applications, permits, certificates, variances, reports, notices, and inspections, also assist in preparing ZHB and PC meeting packets.
- Planning – attend meeting(s) with Director and Developers on potential projects.
- File Management and record keeping.
- Keeping schedule for Zoning/Planning Director.
- Performs other duties as assigned.

### **Required Skills and Abilities**

- Ability to work with the public.
- Proficient Knowledge and use of Microsoft Office, GIS.
- Knowledge of office methods and procedures
- Proficiency in permit management software.

# Chestnuthill Township Employment Application

PO Box 243  
271 Route 715  
Brodheads ville, PA 18322  
Phone: 570-992-7247  
Fax: 570-992-2225  
[www.chestnuthilltpa.gov](http://www.chestnuthilltpa.gov)

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Suffix:            First Name:                                  Middle Initial:                                  Last Name:

Present Address:    City:    Zip:

Permanent Address:    City:    Zip:

Phone Number:                                  Secondary Phone Number:                                  Referred By:

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**Equal Employment Opportunity Policy Statement.**

Chestnuthill Township provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics.

**Please attach your personal resume to the back of this application.**

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Employment Desired:

Position:

Date You Can Start:

Salary/Hourly Desired:

Are You  
Employed Now?

Yes

No

If So, May We Inquire of Your  
Present Employer?

Yes

No

Are You Legally  
Authorized to Work  
in the U.S.?

Yes

No

Have You Ever  
Applied To This  
Company Before?

Yes

No

When:

Have You Ever  
Worked For This  
Company Before?

Yes

No

When:

Reason For Leaving:

How Did You Find  
Out About This  
Position:

Employment Agency

State Employment Office

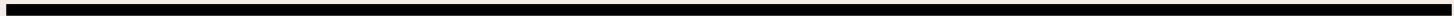
Walk In

Other

Newspaper

College Placement

Website



Education History (High School):

High School (Name):

High School (Location):

Years Attended:                      Did You Graduate:                      Subjects Studied:  
   Yes  
   No

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Education History (College):

College (Name):

College (Location):

Years Attended:                      Did You Graduate:                      Subjects Studied (Major/Minor):  
   Yes  
   No

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Education History (Trade, Business, or Correspondence School):

School (Name):

School (Location):

Years Attended:                      Did You Graduate:                      Subjects Studied:  
   Yes  
   No

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General Information:

Subjects of Special Study/ Research Work:

Special Training, Certifications, or Licenses:

Special Skills, Foreign Languages, etc:

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Military Service Record:

Have You Ever Served in  
the US Armed Forces:

Branch of Service:

Yes

No

Discharge Date:

Rank:

Have you ever been dishonorably discharged from military service?

Yes

No

If Yes, Why?

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Former Employers:

Name of Last or Present Employer:

Address: City: State: Zip:

Starting Date: Ending Date: Job Title:

Salary/ Rate of Pay: May We Contact Your Supervisor?

Yes

No

Name of Supervisor: Supervisors Title: Phone Number:

Description of Work:

Reason For Leaving:

.....  
Name of Previous Employer:

Address: City: State: Zip:

Starting Date: Ending Date: Job Title:

Salary/ Rate of Pay: May We Contact Your Supervisor?

Yes

No

Name of Supervisor: Supervisors Title: Phone Number:

Reason For Leaving: Description of Work:

.....  
Name of Previous Employer:

Address:

City:

State:

Zip:

Starting Date:

Ending Date:

Job Title:

Salary/ Rate of Pay:

May We Contact Your Supervisor?

Yes

No

Name of Supervisor:

Supervisors Title:

Phone Number:

Description of Work:

Reason For Leaving:

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References (List Professional References Whom We May Contact):

Name:

Business:

Phone Number:

.....  
Name:

Business:

Phone Number:

.....  
Name:

Business:

Phone Number:

## Special Purpose Questions:

Are you a U.S. Citizen:	Have you been convicted of a felony or a misdemeanor within the last 5 years?
Yes	Yes
No	No

If Yes, Explain:

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Do you have a valid class B or higher CDL?

Yes      No

Are you able to lift 50 lbs.

Yes      No

Are you able to drive with good vision in poor/ inclement weather.

Yes      No

I understand and I agree that i may be required to take one or more : Physical Examinations, Drug & Alcohol Tests, Criminal Background Checks, Credit Checks, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Township and to release the Township, its Supervisors, Directors, Officers, Agents, or Employees from any claim arising in connection with the use of such test(s).

Yes

No

## Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the Township from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Township has any authority to enter into any agreement for employment for any specified period of time, or to make any arrangement contrary to the foregoing, unless it is in writing and signed by an authorized Township Representative

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal, state, and local laws.

Date:                      Signature:

Date:                      Parent/Guardian Signature (If Applicant is a Minor):