

# WARREN COUNTY, PA

## Application for Employment

HUMAN RESOURCES, 204 4<sup>TH</sup> AVENUE, WARREN, PA 16365



WARREN COUNTY, PA CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF ANY DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. ANSWERS TO APPLICATION QUESTIONS WILL BE UTILIZED FOR APPLICABLE, JOB RELATED INFORMATION ONLY. EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT OR TYPE LEGIBLY

DATE OF APPLICATION: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Seeking: Full- Time \_\_\_\_\_ Part- Time \_\_\_\_\_ Other \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Referral Source: Advertisement (Please Specify) \_\_\_\_\_ County Website \_\_\_\_\_ Friend \_\_\_\_\_

Have you ever been employed by Warren County? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, date \_\_\_\_\_

Are you related to a Warren County Employee or is any member of your household employed by the Warren County Board of Commissioners?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please give their name, their relationship to you, and their employing department in the space provided:

\_\_\_\_\_

Applicant's Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number, Street Name) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_  
(Home) (Cell)

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

If you are under 18 years of age, can you furnish a work permit? Yes No

If you are offered and accept a job, can you submit proof of your legal right to work in the United States? Yes No

Do you have a valid Pennsylvania Driver's License? Yes No

Can you travel if job requires?

Have you ever been excluded or debarred from participating as a provider in any programs paid by Medicare, Medicaid, or other Health Care Provider? Yes No

\*If yes, please explain.

### Criminal Convictions

IF YOU ANSWER "YES" TO THE FOLLOWING QUESTION, provide details below. Other factors will be taken into account such as the nature of the offense, the time that has passed since the conviction and the type of job being sought. Further, this information will be used only for job related purposes and only to the extent permitted by applicable law. With respect to all of the below questions, please exclude (i) minor traffic offenses, (ii) convictions which have been sealed, impounded, erased, expunged, annulled, and (iii) youthful offender adjudications.

Have you ever been convicted of a Felony or Misdemeanor within the last 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above criminal history inquiry, please describe conviction, including the city, county, and state of occurrence.

\_\_\_\_\_

# Prior Employment Experience

Starting with your present/most recent job, listing positions and/or assignments held. Fill out work history section completely.

**DO NOT** write in "See Resume".

May we contact your previous employers? Yes \_\_\_\_\_ No \_\_\_\_\_ Initial Here: \_\_\_\_\_

<b>1</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start:                      End:
	Supervisor's Name:		Reasoning for Leaving:
	Job Title:	FT                      PT	Hours Per Week
	Duties and Responsibilities:		
<b>2</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start:                      End:
	Supervisor's Name:		Reasoning for Leaving:
	Job Title:	FT                      PT	Hours Per Week
	Duties and Responsibilities:		
<b>3</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start:                      End:
	Supervisor's Name:		Reasoning for Leaving:
	Job Title:	FT                      PT	Hours Per Week
	Duties and Responsibilities:		

## Education History

SCHOOL NAME & ADDRESS	YEARS ATTENDED	Did You Graduate?	MAJOR & MINOR COURSES OF STUDY

List trade or professional organizations of which you are a member, including offices held (you may exclude those that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status).

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Please list any additional special skills, education, training and/or qualifications acquired from employment or other experiences that may qualify you for the position applied for.

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• **Please note:** You may also attach copies of documents or certificates which support your application. All materials submitted become the property of Warren County and will not be returned.

### References

Please list Name, Address and Phone Number of at least three (3) business/work references who are NOT related to you and have

Name:	Phone Number:	
Address:	Job Title	Years Known
Name:	Phone Number:	
Address:	Job Title	Years Known
Name:	Phone Number:	
Address:	Job Title	Years Known

\_\_\_\_\_ I understand and agree that I may be required to take one or more: \_\_\_\_\_ physical examination, \_\_\_\_\_ drug test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such tests(s). \_\_\_\_\_ Yes \_\_\_\_\_ No

## Disclaimer and Signature

The information set forth on my application is true and complete. I understand that if employed, any false statement, misrepresentation or material omission of information on this application may result in dismissal or may result in my failure to receive an offer of employment. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to hire me. Warren County is an AT-WILL employer, meaning that either the employer or the employee can end the employment relationship at any time and for any or no reason.

I authorize you to confirm any of the information provided, obtain employment references and personal history, and obtain a consumer report, which may include a criminal history background check. Other Federal, State or local government agencies, former employers and former schools may also be contacted. I also authorize you to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to you as well as from the use or disclosure to you.

Warren County or its agents may seek to verify the information on this application. As such, I hereby authorize Warren County or its agents to contact any former employer or any representative of any other organization to which I have referred in this application, and I hereby authorize said employer and/or representative to provide information to Warren County on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Warren County in the position that I am seeking.

Any offer of employment is contingent upon my providing documentation to verify a legal right to work in the United States.

CLEARANCES (Child Abuse, Federal Fingerprint, P A Criminal Record) - I swear and affirm in writing that I am not disqualified from employment pursuant to the grounds for denying employment in 6344 (c) or have not been convicted of an offense of a similar nature to those crimes under the laws of the United States, or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this commonwealth.

Please indicate all that apply, if any:

- I am a Veteran (attach a copy of DD214 for verification)
- I am a Widow/Widower of a Veteran
- I am a Spouse of a Disabled Veteran
- I am not a Veteran

Please list all names or variations of names under which you have worked for any of the employers listed on this application. Used for verification purposes only.

Applicant Signature

Date

Applicant Name, Printed

Address

### FOR HUMAN RESOURCES USE ONLY

Date Application Received:

Date Application Was Logged In: \_\_\_\_\_

Application Was Logged In By (Initial Here): \_\_\_\_\_