## Application for Employment

# **Jefferson County**

155 Main Street Brookville, PA 15825 (814)849-1653

#### (PLEASE PRINT.)

POSITION APPLIED FOR:					DATE OF APP	LICATION:		
HOW WERE YOU REFERRE	D TO US?							
LAST NAME		FIRST NAME MIDDLE NAME			ME			
ADDRESS			CITY STATE		ZIP CODE			
TELEPHONE NUMBER		EMAIL ADDRESS SOCIAL SEC			URITY NUMBER			
Are you lawfully a	uthorized to work in	the United	States?				☐ Yes	☐ No
If you are under 1	8 years of age, can yo	u provide r	equired p	roof of elig	ibility to w	vork?	☐ Yes	□No
Have you ever filed an application with us before?						☐ Yes	□ No	
			If	Yes, give da	ate			
Have you ever been employed with us before?							☐ Yes	□ No
			If	Yes, give da	ate			
Do any of your frie	ends or relatives, othe	er than spo	use, work	here?			☐ Yes	□ No
Are you currently employed?						☐ Yes	□ No	
May we contact yo	our current employer	?					☐ Yes	□ No
Date Available for	Work:	/ /	<b>′</b>	What is y	our desire	d salary ı	range?	
Status Desired:	☐ Full Time ☐ Part Time ☐ Temporary	Shift Desi	ired:	☐ 1st ☐ 2nd ☐ 3rd				
Are you currently	on "lay-off" status an	d subject to	o recall?				☐ Yes	□ No
Can you travel if a	job requires it?						☐ Yes	□ No
Do you claim Vete	rans' preference?						☐ Yes	□ No
	eterans' preference shall s (DD214, DD215, or NGB		actory proo	f of service th	rough subm	ission of di	scharge pap	pers or

### **EMPLOYMENT INFORMATION**

Starting with your PRESENT or MOST RECENT, list all previous employers in the last 5 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate protected status. Use a separate sheet, if necessary, and attach a resume, if available.

EMPLOYER			DATES EMPLOYED				
STREET ADDRESS			TELEPHONE	SUPERVISOR			
CITY	STATE	ZIP CODE	JOB TITLE	REASON FOR LEAVING			
WORK PERFORMED			1				
EMPLOYER			DATES EMPLOYED				
STREET ADDRESS			TELEPHONE	SUPERVISOR			
CITY	STATE	ZIP CODE	JOB TITLE	REASON FOR LEAVING			
WORK PERFORMED			1				
EMPLOYER			DATES EMPLOYED				
STREET ADDRESS			TELEPHONE	SUPERVISOR			
CITY	STATE	ZIP CODE	JOB TITLE	REASON FOR LEAVING			
WORK PERFORMED							
EMPLOYER			DATES EMPLOYED				
STREET ADDRESS			TELEPHONE	SUPERVISOR			
CITY	STATE	ZIP CODE	JOB TITLE	REASON FOR LEAVING			
WORK PERFORMED			1	<u>I</u>			
EMPLOYER			DATES EMPLOYED				
STREET ADDRESS			TELEPHONE	SUPERVISOR			
CITY	STATE	ZIP CODE	JOB TITLE	REASON FOR LEAVING			
WORK PERFORMED	l	1		L			

EDUCATION							
NAME	CITY & STATE	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA DEGREE			
ELEMENTARY SCHOOL							
HIGH SCHOOL							
UNDERGRADUTE COLLEGE							
GRADUATE PROFESSIONAL							
OTHER (SPECIFY)							
-		vorking for us and the skills/aptitude y.	es that you feel qualify yo	ou for a			
APPLICANT'S STATI	EMENT						
I certify that the answers given in this application and in the employment interview(s) are true and complete to the best of							
my knowledge.							
I authorize Jefferson County to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.							
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that my employment here is contingent upon a background check and MVR check.							
In consideration of my employment, I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time by either my employer or myself.							
Jefferson County is an equal opportunity employer and administers all personnel practices without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity or expression, marital status, veteran status, genetics, or any other category protected under applicable law. Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet physical or mental limitations of qualified applicants or employees.							
I hereby acknowledge that I have read and understand the above statement.							
SIGNATURE OF APPLICANT:			DATE:				