



# APPLICATION FOR EMPLOYMENT

BLAIR COUNTY  
423 ALLEGHENY STREET  
HOLLIDAYSBURG PA 16648  
814-944-0845

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the County to provide equal employment to all qualified persons without discrimination on the basis of race, color, religion, national origin or ancestry, sex, age (40 and over), disability, veteran status, or any other legally protected status under local, state, or federal law. It is also the policy of the County to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful passage of a medical examination and/or drug test.

## PERSONAL INFORMATION

**NAME:** LAST FIRST MI

**ADDRESS:** STREET

CITY STATE ZIP

Previous address if fewer than 7 years:

**PHONE NUMBER:** HOME CELL

## EMPLOYMENT INFORMATION

**POSITION APPLYING FOR:** **Date You Can Start:** **DESIRED PAY:**

\$ PER

Are you at least 18 years of age and legally eligible for work in the United States?  YES  NO

**SHIFT INTEREST AND AVAILABILITY:**

Full-time  Nights  Part-time  Evenings  Occasional  Weekends  Varied Shifts

Notes:

**Have you ever been convicted of, pled guilty or no contest to a felony or other crime?**  YES  NO  
(If yes, please explain) (A "yes" answer will not necessarily disqualify you from employment.)

**WERE YOU PREVIOUSLY EMPLOYED BY THE COUNTY?**  YES  NO

Previous Title: Department:

## EDUCATION

**High School Attended:** City and State

Do you have a diploma or GED?  YES  NO

**Trade/Vocational Attended:** Major Diploma/Degree Received  YES  NO

**College/University Attended:** Major Degree Received  YES  NO

**Professional Licenses:**

## EMPLOYMENT HISTORY

List employment history in order beginning with the most recent. Be sure to include Volunteer experience that qualifies you for the job. Resumes or additional sheets may be added to the back of the application.

<b>CURRENT EMPLOYER:</b>	Dates From and To:		
<b>ADDRESS:</b> CITY	Starting Salary:		Ending Salary:
	STATE	ZIP	PHONE
<b>JOB TITLE:</b>		<b>SUPERVISOR:</b>	
Briefly describe duties:		Reason for leaving:	

MAY WE CONTACT YOUR CURRENT EMPLOYER FOR REFERENCE:  YES  NO

<b>PREVIOUS EMPLOYER:</b>	Dates From and To:		
<b>ADDRESS:</b> CITY	Starting Salary:		Ending Salary:
	STATE	ZIP	PHONE
<b>JOB TITLE:</b>		<b>SUPERVISOR:</b>	
Briefly describe duties:		Reason for leaving:	

<b>PREVIOUS EMPLOYER:</b>	Dates From and To:		
<b>ADDRESS:</b> CITY	Starting Salary:		Ending Salary:
	STATE	ZIP	PHONE
<b>JOB TITLE:</b>		<b>SUPERVISOR:</b>	
Briefly describe duties:		Reason for leaving:	

<b>PREVIOUS EMPLOYER:</b>	Dates From and To:		
<b>ADDRESS:</b> CITY	Starting Salary:		Ending Salary:
	STATE	ZIP	PHONE
<b>JOB TITLE:</b>		<b>SUPERVISOR:</b>	
Briefly describe duties:		Reason for leaving:	

## JOB RELATED SKILLS

**Please answer the following questions if the position you are applying for requires driving a motor vehicle:**

1. Do you have a valid driver's license?  
 If yes, Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
2. Do you have a valid Commercial Driver's License ("CDL")?  
 If yes, Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please use this space to list any special skills you may have that relate to the position applied for.**

REFERENCES

1.			<input type="checkbox"/> Personal
			<input type="checkbox"/> Employment
	Name	Address	Phone Number
2.			<input type="checkbox"/> Personal
			<input type="checkbox"/> Employment
	Name	Address	Phone Number
3.			<input type="checkbox"/> Personal
			<input type="checkbox"/> Employment
	Name	Address	Phone Number

APPLICANT'S CERTIFICATION AGREEMENT

I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the County from all liability that might result from making the investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate discipline, up to an including termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future County rules and regulations and I understand that the County reserves the right to change policies, title, job description, wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE "AT-WILL," MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, AND THAT ONLY A WRITTEN AGREEMENT BETWEEN THE COMMISSIONERS AND ME, SIGNED BY ALL PARTIES, CAN ALTER THE "AT-WILL" EMPLOYMENT RELATIONSHIP. CONVERSELY, I MAY RESIGN AT ANY TIME.

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

# BLAIR COUNTY

## VOLUNTARY SELF-IDENTIFICATION

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

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

Date completed: \_\_\_\_\_

### GENDER:

(Please check one of the options below)

Male

Female

### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

PLEASE RETURN FORM TO HUMAN RESOURCES DEPARTMENT.

Thank you for your participation.