



## COUNTY OF CLARION APPLICATION FOR EMPLOYMENT



**We are an Equal Employment Opportunity Employer  
Drug-Free Work Environment**

**Note: Please complete the application entirely with as much detail as possible so that it can be accurately evaluated. Answers to application questions will be utilized for applicable, job related information only. Do not reference resume.**

Name: \_\_\_\_\_  
Last First M.I. Date

Address: \_\_\_\_\_  
Number Street City State Zip

E-mail Address: \_\_\_\_\_ Are you at least age 18?  YES  NO

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Referral Source: Please Check Box that applies.  
 County Website  Advertisement (Please Specify) \_\_\_\_\_  Other \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ What are your salary expectations? \$ \_\_\_\_\_ per

Do you verify U.S. citizenship or authorization to work in the U.S.?  YES  NO

*(You will be required to provide documentation of identity and employment eligibility prior to starting employment as required by the Immigration Reform and Control Act of 1986.)*

Have you been convicted of a felony or misdemeanor?  YES  NO If yes, provide the date, crime and other relevant information. \_\_\_\_\_

**EDUCATION – If position applied for requires a degree, please include transcript with this application.**

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR COURSE	GRADUATED YES or NO	DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
POST GRAD. SCHOOL				
BUSINESS SCHOOL				
TECHNICAL SCHOOL				

Have you worked for the County of Clarion before?  YES  NO If yes, provide dates and locations worked and why your employment ended. \_\_\_\_\_

Section 11 of the Employee Handbook: Limits employment of relative within department & offices. Do you have relatives employed by the County? If yes, please list name and department: \_\_\_\_\_

**TRAINING**

Please list additional training you have received (i.e., specialized courses, seminars, internships or work training courses, armed forces training, etc.). Include special skills, licenses, professional associations, etc. \_\_\_\_\_

## EMPLOYMENT HISTORY

List sequentially - present or last employer first. Include all full-time and part-time work, (seasonal, temporary, or otherwise) as well as any other paid work. Please be as detailed as possible about your job duties and titles. (Attach additional sheets as necessary to explain job duties.)

Starting Date	Ending Date	Name & Address of Present or Last Employer
Hours Per Week	Employers Phone #	
Name & Title of Immediate Supervisor:		
Reason For Leaving:		
Job Title:		
Brief Description of Duties:		

Starting Date	Ending Date	Name & Address of Present or Last Employer
Hours Per Week	Employers Phone #	
Name & Title of Immediate Supervisor:		
Reason For Leaving:		
Job Title:		
Brief Description of Duties:		

Starting Date	Ending Date	Name & Address of Present or Last Employer
Hours Per Week	Employers Phone #	
Name & Title of Immediate Supervisor:		
Reason For Leaving:		
Job Title:		
Brief Description of Duties:		

**VETERANS' HIRING PREFERENCE ELIGIBILITY**

Have you ever served in the armed forces?  Yes  No \*If yes, fill out bullet points below\*

- If yes, which branch: \_\_\_\_\_
- Rank at discharge: \_\_\_\_\_
- Dates served from: \_\_\_\_\_ to \_\_\_\_\_
- What were your duties? \_\_\_\_\_

**(You MUST attach Form DD214 to determine Veterans' Hiring Preference Eligibility)**

**GENERAL INFORMATION**

1. Are you presently employed? \_\_\_\_\_ If yes, state reason(s) for applying for this job opportunity: \_\_\_\_\_
2. Do you have any reasons why you might be unable to perform consistently and promptly any of the job duties that would be required by you considering the position for which you are applying.  Yes  No  
If yes, please explain: \_\_\_\_\_
3. Do you have any objections to overtime, if required by job?  Yes  No
4. Have you ever been disciplined or discharged?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. What date would you be available to start work? \_\_\_\_\_

**SIGNATURE AUTHORIZATION/CERTIFICATION**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from the County's service if I am employed. I understand that the County of Clarion may contact present and/or former employers pursuant to Act 3 of 2005 and that such employers are authorized to release information related to my past work performance.

I certify that the information provided in this employment application (and accompanying resume, if any) is true complete and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the county if I should be convicted of a felony while my job application is pending, or during my period of employment, if hired.

I authorize investigation of all statements contained in the application (and accompanying resume, if any). I also authorize the County of Clarion to contact my present and past employers.

I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the County of Clarion with any relevant information and opinion that may be useful to the company in making a hiring decision and I release such persons and organizations from any legal liability in making such statements.

I understand that the employer's acceptance of this application means that I will be considered along with all other applications for the position(s) applied for if such position(s) is open, and that it does not guarantee me an interview or an offer of employment.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, verbal agreement, or by conduct.

I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

I understand that, if applicable for the position for which I am being considered, I will be required to furnish any or all of the following, and that an offer of employment and/or continuation of my employment will be dependent upon these meeting the standards required by the position: child abuse clearance, criminal history clearance, driving history, physical examination.

Should I be hired I agree to abide by all county rules and regulations. This application for employment shall be considered active for a period of time not to exceed 60 days. I understand that if I wish to continue to be considered for employment after this time, I must update my application or complete a new application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In addition, please list here any other names used during education or employment: \_\_\_\_\_

