

# APPLICATION FOR EMPLOYMENT WASHINGTON COUNTY HUMAN RESOURCES DEPARTMENT

**County Commissioners:**  
 Larry Maggi  
 Chairman  
 Diana Irey Vaughan  
 Vice-Chairman  
 Harlan G. Shober, Jr.



**Address:**  
 100 West Beau Street, Suite 202  
 Washington, PA 15301

(PLEASE PRINT)

		-			-		2	0		
TODAY'S DATE										

Name \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Washington County Resident?    Yes     No     Home Phone \_\_\_\_\_

Previously Employed By Us?    Yes     No     Cell Phone \_\_\_\_\_

Would you Accept    Full Time     Part Time     Temporary     Per Diem

Date You Would Be Available For Work \_\_\_\_\_

Have you been convicted of any crime, excluding summary traffic offenses?  
 Yes     No     (Conviction will not necessarily preclude employment)

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing and able to travel if your job requires it?    Yes     No     Pa licence \_\_\_\_\_

Positions desired: \_\_\_\_\_

Computer Programs: \_\_\_\_\_

Other skills or certifications: \_\_\_\_\_ WPM: \_\_\_\_\_

Professional, Business or Civic Activities: \_\_\_\_\_

Have you ever served in the U. S. Armed Forces?    Yes     No     Branch of Service: \_\_\_\_\_

**PERSONAL**

**NAME:** \_\_\_\_\_  
 (Last)

(First)

(Middle)

(Date)

**EDUCATION**

School Name/Address	Highest Year Completed	Did you Graduate		O. P. A.	Degree Diploma Certificate	Major Course of Study
		Yes	NO			

**OFFICE USE**

**APPLICANT, DO NOT WRITE IN THIS BLOCK**

Received \_\_\_\_\_ Applicant Number \_\_\_\_\_

**Sent to**

\_\_\_\_\_

**POLICY**

In compliance with all Federal and State laws, the County of Washington will consider all qualified applicants without regard to race, color, religion, creed, national origin, age, sex, disability, Veteran status, or any other legally protected status.

Application will be active for a period of six (6) months from date of the application.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**LIST BELOW YOUR LAST THREE EMPLOYERS - MOST RECENT FIRST**

WORK EXPERIENCE	<b>DATE OF EMPLOYMENT</b> Month/Year From ____ / ____ To ____ / ____  SALARY Start _____ End _____	Name: _____ Address: _____ Job Title _____ Responsibilities _____	Telephone Number _____ Supervisor Name and Title _____ Reason for Leaving _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>DATE OF EMPLOYMENT</b> Month/Year From ____ / ____ To ____ / ____  SALARY Start _____ End _____	Name: _____ Address: _____ Job Title _____ Responsibilities _____	Telephone Number _____ Supervisor Name and Title _____ Reason for Leaving _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>DATE OF EMPLOYMENT</b> Month/Year From ____ / ____ To ____ / ____  SALARY Start _____ End _____	Name: _____ Address: _____ Job Title _____ Responsibilities _____	Telephone Number _____ Supervisor Name and Title _____ Reason for Leaving _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
	Please give Name, Address and Telephone numbers of three references who are not related to you and are not previous employers.		
	NAME: _____ TELEPHONE NUMBER: _____ ADDRESS: _____		
	NAME: _____ TELEPHONE NUMBER: _____ ADDRESS: _____		
	NAME: _____ TELEPHONE NUMBER: _____ ADDRESS: _____		
	I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge. I understand that any false information given by me will be grounds for my disqualification, and if employed, will be grounds for my dismissal at any time.		
	Signature: _____ Date: _____		