

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

		-			-		2	0		
TODAY'S DATE										

(PLEASE PRINT)

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		G. P. A.	Degree Diploma Certificate	Major Course of Study
		Yes	NO			

OFFICE USE

APPLICANT, DO NOT WRITE IN THIS BLOCK	Sent to
Received _____ Applicant Number _____	

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	DATE OF EMPLOYMENT 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"/>
	DATE OF EMPLOYMENT 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"/>
	DATE OF EMPLOYMENT 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:	

SIGNATURE	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: _____