

COUNTY OF FAYETTE

61 EAST MAIN STREET, UNIONTOWN, PA 15401 • (724) 430-1200 • (724) 430-1368

APPLICATION FOR EMPLOYMENT

The County of Fayette is an Affirmative Action and Equal Opportunity employer. Various federal, state and local laws prohibit discrimination based on race, color, religion, sex, age, national origin, disability or veteran's status. It is the policy of the County of Fayette to comply fully with applicable law, and information requested on this application will not be used for any purpose prohibited by law.

(PLEASE PRINT)

Date of Application _____

Position Applied For _____

Referral Source: [] Advertisement [] Friend [] Other [] Employment Agency [] Relative

NAME Last First Middle

ADDRESS Number & Street City State Zip

PHONE: () ALT. PHONE: () Area Code

Have you previously filed an application with the County? [] Yes [] No If YES, indicate date: _____

Were you previously employed by the County? [] Yes [] No If YES, indicate dates: From: _____ To _____

Are you a citizen of the United States? [] Yes [] No (Proof of U.S. citizenship or immigration status will be required if hired.)

Are you available for work: [] Full-time [] Part-time [] Shift Work

Are you on layoff and subject to recall? [] Yes [] No

Can you travel if the job requires it? [] Yes [] No

Do you have any relative(s) working for the County? [] Yes [] No If YES, List Name(s): _____

Have you ever been convicted of a crime other than a minor traffic violation? [] Yes [] No If YES, Explain: _____

Are you a veteran of the U. S Military Service? [] Yes [] No

Do you have a current valid driver's license? [] Yes [] No (Proof of license may be required if hired, dependent upon position.)

EDUCATION

	Name and Location of School	Years Attended	Date Graduated	Diploma or Degree Earned	Course of Study
Elementary School					
High School					
College					
Trade, Business or Correspondence School					
Graduate/Professional					

Describe any specialized training, skills or activities you have which are pertinent to this position:

EMPLOYMENT

List each job held. Start with your current or most recent job including military service. If you have not worked, include any volunteer activities, but exclude groups that indicate race, color, religion, sex or national origin of its members. If you need additional space, please attach a separate sheet of paper.

Employer
Address
Telephone No.
Job Title
Supervisor
Work Performed

Dates Employed:	From _____
	To _____
Hourly Rate or Salary:	Starting _____
	Ending _____
Reason for Leaving:	

Employer
Address
Telephone No.
Job Title
Supervisor
Work Performed

Dates Employed:	From _____
	To _____
Hourly Rate or Salary:	Starting _____
	Ending _____
Reason for Leaving:	

Employer
Address
Telephone No.
Job Title
Supervisor
Work Performed

Dates Employed: From _____ To _____
Hourly Rate or Salary: Starting _____ Ending _____
Reason for Leaving:

Employer
Address
Telephone No.
Job Title
Supervisor
Work Performed

Dates Employed: From _____ To _____
Hourly Rate or Salary: Starting _____ Ending _____
Reason for Leaving:

May we contact your current employer? Yes No

Summarize any special skills or qualifications acquired from previous employment or experience, which would be applicable to this position:

REFERENCES

List names, addresses, and phone numbers of three references not related to you.

1. _____

2. _____

3. _____

STATEMENT

I certify that the information provided herein is true and complete to the best of my knowledge.

I authorize investigation by the County of all information and references contained in this Application for Employment as may be necessary in arriving at a decision concerning my employment. I hereby release the County, its agents and representatives, from any and all liability for such investigation and all previous employers, companies/corporations, organizations, and other persons for cooperating with such investigation. I acknowledge and agree that by completing this application for employment there is no guarantee I will be interviewed for or offered any position.

If I am employed, I further acknowledge and agree that any false or misleading information, statements, or representations given in my application or interview(s) will result in my discharge at any time. I also understand that I am required to faithfully abide by all policies, procedures, rules, and regulations of the County.

SIGNATURE OF APPLICANT:	DATE:
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