



SUSQUEHANNA COUNTY

Application for Employment

NAME: _____ DATE: ____/____/____

LAST
FIRST
M.I.

ADDRESS: _____

STREET
CITY
STATE
ZIP CODE

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____
 PREFERRED FORM OF CONTACT _____
 EMAIL ADDRESS: _____

PHONE NO. : (_____) _____ - _____

POSITION APPLYING FOR: _____ SALARY DESIRED: \$ _____

DO YOU WISH TO WORK? FULL TIME PART TIME DATE YOU CAN START: ____/____/____

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY BEFORE? YES NO IF YES, LIST:

DEPARTMENT
DATE

CRIMINAL HISTORY

WITHIN THE LAST TEN YEARS, HAVE YOU BEEN CONVICTED OF, OR DO YOU HAVE PENDING, BY ANY COURT, ANY FELONY OR MISDEMEANOR CHARGES? YES NO

IF YES, STATE DATE, PLACE & LOCATION OF EACH:

EDUCATION	NAME & LOCATION	CIRCLE LAST YEAR COMPLETED	MAJOR SUBJECT	GRADUATED? DEGREES?
HIGH SCHOOL		9 10 11 12		YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE _____
COLLEGE		1 2 3 4 5 6		YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE _____
GRADUATE		1 2 3 4		YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE _____
BUSINESS, TRADE, APPRENTICESHIP				YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE _____
MILITARY				SUBJECTS COVERED
OTHER				

SKILLS PLEASE CHECK ALL THAT APPLY

WORD	EXCEL
ACCESS	DATA ENTRY
POWERPOINT	COPIER/FAX

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DO YOU HAVE ANY FAMILY/FRIENDS THAT ARE PRESENTLY EMPLOYED BY THE COUNTY? _____ IF YES, PLEASE LIST. _____

HOW DID YOU HEAR ABOUT THIS JOB?

NEWSPAPER COUNTY WEBSITE INDEED WORD OF MOUTH OTHER _____

PERSONAL REFERENCES: Please provide at least 3 contactable references

NAME	RELATIONSHIP	PHONE	OCCUPATION

PRESENT AND PRIOR EMPLOYMENT:

GIVE DETAILS OF YOUR LAST FIVE EMPLOYERS AND, WHERE NECESSARY, LIST OTHER PREVIOUS POSITIONS WHICH WILL ACCOUNT FOR YOUR EMPLOYMENT RECORD OVER THE PAST TEN YEARS. LIST PRESENT OR LAST POSITIONS FIRST AND ACCOUNT FOR ALL LAPSES OF TIME.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

FROM MO YR	TO MO YR	EMPLOYER NAME	EMPLOYER CONTACT INFORMATION	POSITION HELD	LAST BASE RATE OF PAY	REASON FOR LEAVING

APPLICANT: PLEASE READ THIS INTRODUCTION BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED AREA.

THE CIVIL RIGHTS ACT OF 1964 AND THE AMERICAN DISABILITIES ACT OF 1990 PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICE BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY AND NATIONAL ORIGIN. P.L. 90-202 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 20 BUT LESS THAN 65 YEARS OF AGE.

ARE YOU A CITIZEN OF THE UNITED STATES OR POSSESS THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO HAVE YOU EVER BEEN BONDED? _____

IF SO, ON WHAT JOBS? _____

I hereby apply for employment by Susquehanna County and state that:

- The information contained in this application is true to the best of my knowledge and belief and I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute justifiable cause for Susquehanna County not to employ me or, if employed, to terminate my employment for cause.
- I understand and agree that all information furnished in this application may be verified by Susquehanna County. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Susquehanna County all information relative to such verification and hereby release such individuals, organizations, and Susquehanna County from any and all liability for any claim or damage resulting there from.
- If employed, I agree to submit to physical examinations and/or screenings, as part of the Drug and Alcohol Policy, from time to time during the course of my employment whenever requested by Susquehanna County and at Susquehanna's expense. I hereby authorize such doctors to furnish the results of such examinations or screenings to Susquehanna County.
- As part of my application, I acknowledge I will be required to pass a background check if requested by Susquehanna County.
- In compliance with the Americans with Disabilities Act, I recognize that the employer will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the employer.
- I understand that, if I am employed by Susquehanna County and as conditions of my continued employment by Susquehanna County, I will be required to furnish proof of age and U.S. citizenship or the legal right to work in the United States.

Signature _____

I understand that separate applications are required for each position applied for.

Date _____