

# COUNTY OF VENANGO APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

Disposition \_\_\_\_\_

We are an Equal Employment Opportunity employer

Note: Please complete the application entirely with as much detail as possible so that it can be accurately evaluated.

NAME: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Initial

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

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Are you a Venango County resident? ( ) YES ( ) NO Are you at least age 18? ( ) YES ( ) NO

Career field (Specific position applying for): \_\_\_\_\_

What are your salary expectations? \$ \_\_\_\_\_ per \_\_\_\_\_

What type of employment will you accept? Temporary \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

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.)

### EDUCATION

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

Have you worked for the County of Venango before? \_\_\_\_\_ If yes, provide dates and locations worked and why your employment ended.

### TRAINING

Please list additional training you have received (i.e., specialized courses, seminars, internships or work training courses, armed forces training, etc.). Please estimate the number of hours of training involved.

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 or unpaid 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
Starting Salary	Ending Salary	
Hours Per Week	Employer's Phone #	Name & Title of Immediate Supervisor
Reason for Leaving		
Job Title & Brief Description of Duties		
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Job Title & Brief Description of Duties		
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CLERICAL SKILLS AND ABILITIES

Typing \_\_\_\_\_ wpm Shorthand \_\_\_\_\_ wpm Computer knowledge: ( ) Yes ( ) No
Computer software knowledge/experience \_\_\_\_\_
Knowledge of/experience with general office machines \_\_\_\_\_

VETERAN STATUS

Have you ever served in the armed forces? ( ) Yes ( ) No
If yes, which branch? \_\_\_\_\_ (Please attach Form DD214)
Rank at discharge: \_\_\_\_\_
Dates served from \_\_\_\_\_ to \_\_\_\_\_
What were your duties? \_\_\_\_\_

GENERAL INFORMATION

- 1. Are you presently employed? \_\_\_\_\_ If yes, state reason(s) for leaving \_\_\_\_\_
2. List 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. \_\_\_\_\_
3. Do you possess a valid PA driver's license? ( ) Yes ( ) No License # \_\_\_\_\_
4. Do you have any objections to overtime, if required by job? ( ) Yes ( ) No
5. Have you ever been disciplined or discharged? ( ) Yes ( ) No If yes, please explain. \_\_\_\_\_

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 Venango may contact prior employers pursuant to Act 3 of 2005 and that such employer are authorized to release information related to my past work performance. I further understand that if I am employed and not currently a resident of the County I will have 120 days from my hire date to establish residence in the County and maintain residence for the duration of my employment with the County. Also, please list here any other names used during education or employment.

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

APPLICANTS MUST COMPLETE AND SIGN THE FOLLOWING SECTION:

Were you ever convicted of a criminal offense or have you ever forfeited bond or collateral in connection with a criminal charge? (Criminal offenses include felonies and misdemeanors. A conviction is an adjudication of guilt, including a determination before a District Justice or in Criminal Court, resulting in legal penalty such as a fine, sentence or probation.) ( ) Yes ( ) No If yes, list nature of charge(s) and date(s).

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