

COUNTY OF HUNTINGDON

APPLICATION FOR EMPLOYMENT

The County of Huntingdon 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 Huntingdon 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(s) Applied For _____

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

NAME _____
Last First Middle

ADDRESS _____
Number & Street City State Zip

PHONE: (_____) _____ SOCIAL SECURITY # _____
Area Code

Have you filed an application here before? [] Yes [] No
If YES, indicate date: _____

Have you been employed here before? [] 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 working here? [] Yes [] No
If YES, List Names: _____

Have you been convicted of a felony within the last seven (7) years? [] Yes [] No
If YES, Explain: _____

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

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

COUNTY OF HUNTINGDON

EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE/ PROFESSIONAL
SCHOOL NAME & CITY				
YEARS COMPLETED				
DIPLOMA OR DEGREE	N/A			
COURSE OF STUDY	N/A			

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. 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:	

COUNTY OF HUNTINGDON

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 above employers? 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. _____

COUNTY OF HUNTINGDON

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. If my position is non-union, I acknowledge and agree that my employment shall be at-will. This means I may terminate my employment at any time, for any reason, with or without cause, and the County may terminate my employment at any time, for any reason, with or without cause.

In the event of employment, I understand 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 abide by all policies, procedures, rules, and regulations of the County.

SIGNATURE OF APPLICANT:	DATE:
-------------------------	-------