

CRAWFORD COUNTY, PA

Application for Employment

HUMAN RESOURCES, 903 DIAMOND PARK, MEADVILLE, PA 16335

CRAWFORD COUNTY, PA CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF ANY DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. ANSWERS TO APPLICATION QUESTIONS WILL BE UTILIZED FOR APPLICABLE, JOB RELATED INFORMATION ONLY. EQUAL OPPORTUNITY EMPLOYER.

| PLEASE PRINT OR TYPE LEGIBLY. Position applied for: | | ATION: | | | | |
|--|------------------------------------|--------------|--------------|--|--|--|
| Seeking: Full-Time Part-Time | | | | | | |
| Referral Source: Advertisement (Please Specify) | | | | | | |
| | | | | | | |
| Have you ever been employed by Crawford County? | ies No | If Tes, date | | | | |
| Applicant's Name: First | Last | | MI | | | |
| Address: | | | | | | |
| (Street Number, Street Name) | (City) | (State |) (Zip Code) | | | |
| Telephone Number: | | | | | | |
| (Home) (Cell) | | | | | | |
| Email Address: | - | | | | | |
| If you are under 18 years of age, can you furnish a wo | Yes | No | | | | |
| If you are offered and accept a job, can you submit proof of your legal right to work in the United States? | | | No | | | |
| Can you travel if job requires? | Yes | No | | | | |
| Have you ever been excluded or debarred from participating as a provider in any programs paid by Medicare, Medicaid, or other Health Care Provider? | | | No | | | |
| *If yes, please explain. | | | | | | |
| | Criminal Convictions | | | | | |
| IF YOU ANSWER "YES" TO THE FOLLOWING QUESTION, provide details below. Other factors will be taken into account such as the nature of the offense, the time that has passed since the conviction and the type of job being sought. Further, this information will be used only for job related purposes and only to the extent permitted by applicable law. With respect to all of the below questions, please exclude (i) minor traffic offenses, (ii) convictions which have been sealed, impounded, erased, expunged, annulled, and (iii) youthful offender adjudications. | | | | | | |
| Have you ever been convicted of or pleaded guilty or nolo contender | re ("no contest") in a domestic, f | | No | | | |
| military court to any felonies or misdemeanors? | | Yes | No | | | |
| If you answered yes to the above criminal history inquiry, please describe each applicable conviction, guilty plea or nolo contendere ("no contest") plea, including: date of conviction or plea; date of the incident that was the basis for the conviction or plea, charge(s), municipality, county, and state of occurrence. | | | | | | |
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Prior Employment Experience

Starting with your present/most recent job, listing positions and/or assignments held. Fill out work history section completely. **<u>DO NOT</u>** write in "See Résumé".

| M | ay we contact your previous emplo | oyers? | | Yes | No | Initial Here: | |
|---|-----------------------------------|--------|----------|--------------------|--------|---------------|--|
| 1 | 1 Employer: Address: | | | | Phone: | | |
| | Employed From: | To: | | Salary Sta | rt: | End: | |
| | Supervisor's Name: | | | Reasoning for Leav | ving: | | |
| | Job Title: | | | FT | PT | Hrs Per Week | |
| | Duties and Responsibilities: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | Employer: | | Address: | | | Phone: | |
| | Employed From: | To: | | Salary Sta | rt: | End: | |
| | Supervisor's Name: | | | Reasoning for Leav | ing: | | |
| | Job Title: | | | FT | PT | Hrs Per Week | |
| | Duties and Responsibilities: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 | Employer: | | Address: | |] | Phone: | |
| | Employed From: | To: | | Salary Sta | rt: | End: | |
| | Supervisor's Name: | | | Reasoning for Leav | ving: | | |
| | Job Title: | | | FT | PT | Hrs Per Week | |
| | Duties and Responsibilities: | | | | | | |
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| | | | | | | | |
| 4 | Employer: | | Address: | | | Phone: | |
| | Employed From: | To: | | Salary Sta | rt: | End: | |
| | Supervisor's Name: | | | Reasoning for Leav | ving: | | |
| | Job Title: | | | FT | PT | Hrs Per Week | |
| | Duties and Responsibilities: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5 | Employer: | | Address: | | | Phone: | |
| | Employed From: | To: | | Salary Sta | rt: | End: | |
| | Supervisor's Name: | | | Reasoning for Leav | ving: | | |
| | Job Title: | | | FT | PT | Hrs Per Week | |
| | Duties and Responsibilities: | | | | | | |
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Education History

| SCHOOL NAME & ADDRESS | # OF YEARS ATTENDED | High School Diploma or GED? (Y or N) | College or University Degree? (Y or N) | MAJOR & MINOR COURSES OF STUDY |
|---|---------------------------|--|---|--|
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| List trade or professional organizations would reveal sex, race, religion, national | | | | |
| | | | | |
| Please list any additional special skills, of that may qualify you for the position app | | and/or qualificatio | ns acquired fro | om employment or other experiences |
| | nents or certificates whi | ich support your applic | ation. All material | Is submitted become the property of Crawford |
| Please list Name, Address and Phone No | | Referenc | | who are NOT related to you |
| and have knowledge of your work ethic, | experience, and ab | oility. | | · · · · · · · · · · · · · · · · · · · |
| Name: | | | | |
| Address: | | Job Title | <u>}</u> | Years Known |
| Name: | | | _Phone Nui | mber: |
| Address: | | Job Title | <u> </u> | Years Known |
| Name: | | | _Phone Nui | mber: |
| A 11 | | Ioh Title | | Years Known_ |

Disclaimer and Signature

The information set forth on my application is true and complete. I understand that if employed, any false statement, misrepresentation or material omission of information on this application may result in dismissal or may result in my failure to receive an offer of employment. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to hire me. I hereby understand and acknowledge that, unless otherwise provided by applicable law or collective bargaining agreement, Crawford County is an AT-WILL employer, meaning that either the employer or the employee can end the employment relationship at any time and for any or no reason.

I authorize you to confirm any of the information provided, obtain employment references and personal history, and obtain a consumer report, which may include a criminal history background check. Other Federal, State or local government agencies, former employers and former schools may also be contacted. I also authorize you to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to you as well as from the use or disclosure to you.

Crawford County or its agents may seek to verify the information on this application. As such, I hereby authorize Crawford County or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to Crawford County on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Crawford County in the position that I am seeking.

Any offer of employment is contingent upon me providing documentation to verify a legal right to work in the United States.

CLEARANCES (Child Abuse, Federal Fingerprint, PA Criminal Record) – I swear and affirm in writing that I am not disqualified from employment pursuant to the grounds for denying employment in 6344 (c) or have not been convicted of an offense of a similar nature to those crimes under the laws of the United States, or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this commonwealth.

| Please indicate all that apply, if any: ☐ I am a Veteran (attach copy of DD214 for ve ☐ I am a Widow/Widower of a Veteran ☐ I am a Spouse of a Disabled Veteran ☐ I am not a Veteran | fication) | | |
|---|--|------------------------|--|
| Please list all names or variations of names verification purposes only. | first and/or last (such as an assumed name, nickname, maiden/n | married name etc.) for | |
| | | | |
| Applicant Signature | Date | | |
| Applicant Name, Printed | Address | | |
| | FOR HUMAN RESOURCES USE ONLY | | |
| Date Application Received: | Date Application Was Logged In: | | |

Application Was Logged In By (Initial Here): __