APPLICATION FOR EMPLOYMENT WASHINGTON COUNTY HUMAN RESOURCES DEPARTMENT

NOTE: After completing the application, click the SUBMIT APPLICATION button at the bottom of the form. You may also mail to the address below or email to hrmail@co.washington.pa.us

Address:

County Commissioners:
Nick Sherman Chairman Electra S. Janis Vice Chair **Larry Maggi** Commissioner



95 West Beau Street, Suite 400 Washington, PA 15301

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PERSONAL	(PLEASE PRINT)			T	ODAY'	- 2 0 S DATE				
	Name Home Street Address:									
	City							ME		
	_			•				Lï		
	Previously Employed By Us? Yes									
								(Last)		
	Would you Accept Full Time ☐ Part Time ☐ Temporary ☐ Per Diem ☐ Date You Would Be Available For Work									
	How did you hear about us?									
	Have you been convicted of any crime, excluding summary traffic offenses?									
	Yes ☐ No ☐ (Conviction will not necessarily preclude employment)									
	If yes, explain:									
	Are you willing and able to travel if your job requires it? Yes ☐ No ☐ Pa license Positions desired:									
	Computer Programs:									
	Other skills or certifications:									
	Professional, Business or Civic Activities:									
Ш	Thave you ever derived in the e. c. /imied reread.									
E	School Name/Address		Highest Year Completed	Did you Graduate Yes NC	G. P. A.	Degree Diploma Certificate	Major Course of Study			
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DUCATION					1			1		
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OFFICE USE	APPLICANT, DO NOT WRITE IN THIS BLOC	<u>K</u>			Ser	nt to		1		
	Received Appicant Number									
	In compliance with all Enderel and State laws, the County of Washington will consider all							$ \bot$		
7	In compliance with all Federal and State laws, the County of Washington will consider all qualified applicants without regard to race, color, religion, creed, national origin, age, sex,									
POLICY	disability, Veteran status, or any other legally protected status. Application will be active for a period of six (6) months from date of the application.							(Date)		
	Application will be detire for a period of six (o) months from date of the application.							9		
	WE ARE AN EQUAL OPPORTUNITY EMPLOYER									

LIST BELOW YOUR LAST THREE EMPLOYERS - MOST RECENT FIRST

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	DATE OF EMPLOYMENT Month/Year	Name:	Telephone Number							
	From	Address:								
	To	Audiess.								
			Supervisor Name and Title							
	SALARY	Job Title	Suj	Oupervisor Harrie and Title						
	Start	Responsibilities		Reason for Leaving						
	End			<u> </u>						
		MAY WE CONTACT THIS EMPLOYER? YE	s 🗌	NO 🗌						
_	DATE OF	Name:	Telephone Number							
8	EMPLOYMENT									
WORK	Month/Year	Address	Address							
	From	Address:								
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<u>'</u>		Job Title	T Su	Supervisor Name and Title						
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EXPERIENC	Start	Responsibilities		Reason for Leaving						
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		MAY WE CONTACT THIS EMPLOYER? YE	<u> </u>	NO 🗌						
4	INITIAL ACCOUNTS IN THE CONTROL IN T									
	_	Name:	Telephone Number							
	DATE OF EMPLOYMENT									
	Month/Year									
	From/	Address:	Address:							
	To									
		Job Title	Sui	ervisor Name and Title						
		dob file	Ou	Servisor Name and Thie						
	SALARY									
	Start	Responsibilities		Reason for Leaving						
	End									
		MAY WE CONTACT THIS EMPLOYER? YES NO								
-	INIAT WE CONTACT THIS EMPLOTER?									
	Please give Name, Address and Telephone numbers of three references who are not related to you and are not previous employers.									
20	NAME:	BER:								
4	ADDRESS:									
5	NAME:	िंग	TELEPHONE NUMBER:							
REFERENCE	ADDRESS:	<u></u>								
윤	NAME:	T	TELEPHONE NUMBER:							
	ADDRESS:									
	Logitify that all of the	statements made in this application are tru	ia complet	a and correct to the best						
9	I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge. I understand that any false information given by me will be grounds for my									
🏅	disqualification, and if employed, will be grounds for my dismissal at any time.									
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SIGNATURE	Signature:	ate:								
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