



APPLICATION FOR EMPLOYMENT WASHINGTON COUNTY



Applicants who require reasonable accommodations during the application or hiring process should contact the Director of Human Resources.

County Commissioners:

Nick Sherman Chairman, Electra S. Janis Vice Chair,
Larry Maggi Commissioner

Human Resources Department
95 West Beau Street, Suite 400
Washington, PA 15301
724-228-6738 - hrmail@co.washington.pa.us

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(PLEASE PRINT)

- -

TODAY'S DATE

Name

Home Street Address:

City State Zip

Email Address Phone Number

Previously Employed by Us? Yes ☐ No ☐

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 ever been convicted, or entered a plea of guilty or no contest, to (1) a felony or (2) a misdemeanor that has not been sealed under the Pennsylvania Clean State Law? Yes ☐ No ☐

*If you answered yes, please identify the violations that you were convicted of (not including any that have been sealed under the Pennsylvania Clean State Law) and provide the date and place (state, county and municipality) of your conviction. Conviction will not necessarily disqualify an applicant from employment.

Are you willing and able to travel if your job requires it? Yes ☐ No ☐ PA License

Position(s) desired:

Professional, Business or Civic Activities that are relevant to the position sought (you may exclude those that would reveal race, color, national origin, gender, religion, age, disability or other protected status):

Are you requesting consideration of Veteran's Preference status? Yes ☐ No ☐

*If you are requesting Veteran's Preference, please submit a copy of your DD-214 and provide the following information:

Branch of the Armed Services Dates of Service

Date of Discharge Type of Discharge

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School Name

Diploma (including GED)
or Degree Received

Degree Diploma
Certificate

Major Course of Study

Yes

No

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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, disability, Veteran status, or any other legally protected status.

LIST BELOW YOUR LAST THREE EMPLOYERS - MOST RECENT FIRST

WORK EXPERIENCE	DATES OF EMPLOYMENT MONTH/YEAR From ____ / ____ To ____ / ____ SALARY Start ____ End ____	Name:		Telephone Number		
		Address:				
		Job Title		Supervisor Name and Title		
		Reason for Leaving		MAY WE CONTACT THIS EMPLOYER?		
		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
		DATES OF EMPLOYMENT MONTH/YEAR From ____ / ____ To ____ / ____ SALARY Start ____ End ____	Name:		Telephone Number	
	Address:					
	Job Title		Supervisor Name and Title			
	Reason for Leaving		MAY WE CONTACT THIS EMPLOYER?			
	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
DATES OF EMPLOYMENT MONTH/YEAR From ____ / ____ To ____ / ____ SALARY Start ____ End ____	Name:		Telephone Number			
	Address:					
	Job Title		Supervisor Name and Title			
	Reason for Leaving		MAY WE CONTACT THIS EMPLOYER?			
	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
	R E F E R E N C E S	Please give Name, Email and Telephone numbers of three references who are not related to you and are not previous employers				
Name:		Telephone Number:				
Email:						
Name:		Telephone Number:				
Email:						
Name:		Telephone Number:				
Email:						
S I G N A T U R E		I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the County to investigate my work, criminal and personal history and verify that all information given on this application, or related papers, or in interviews, is correct. I authorize all individuals, employers named therein (except my current employer if so noted) to provide any information requested about me, and I release them from all liability for damages in providing this information.				
		I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the County may discharge Employee at any time with or without cause.				
		Signature: _____		Date: _____		