APPLICATION FOR EMPLOYMENT WASHINGTON COUNTY										
	HUMAN R County Commissioners: Nick Sherman Chairman Electra S. Janis Vice Chair Larry Maggi Commissioner	ESOURCES DE	PARTM		5 West Bea	ddress: au Street, ton, PA	Suite 400 15301			
	(PLEASE PRINT)									
	Name									
	Home Street Address:							NAME:		
	City				•			l ü		
	Washington County Resident? Yes									
	Previously Employed By Us? Yes		Cell Pho							
PE		Time 🗌 🛛 Part T		•	•		n 🗆	(Last)		
ER	Date You Would Be Available For Work _							t)		
SO	How did you hear about us?									
Ň	Have you been convicted of any crime, excluding summary traffic offenses?									
4	Yes No No (Conviction will not necessarily preclude employment)									
	Are you willing and able to travel if your job requires it? Yes I No I Pa license Positions desired:									
	Computer Programs:									
	Other skills or certifications: WPM: Professional, Business or Civic Activities:							(First)		
	Have you ever served in the U. S. Armed Forces? Yes I No I Branch of Service:									
	,		Degree							
Π	School Name/Address		Highest Year Completed	Did you Graduat Yes	G. P. A.	Diploma Certificate	Major Course of Study			
DC										
IC.										
CATI										
10								(Middle		
Ζ								dle)		
0	APPLICANT, DO NOT WRITE IN THIS BLOCK Sent to									
US LS	· · · · · · · · · · · · · · · · · · ·									
OFFICE USE	Received Appicant Number									
POLI	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, ago, sex									
	qualified applicants without regard to race, color, religion, creed, national origin, age, sex, disability, Veteran status, or any other legally protected status.							D		
L	Application will be active for a period of six (6) months from date of the application.							(Date)		
0										
×	WE ARE AN EQUAL OPPORTUNITY EMPLOYER									

LIST BELOW YOUR LAST THREE EMPLOYERS - MOST RECENT FIRST

_				1						
	DATE OF EMPLOYMENT Month/Year	Name:	Telephone Number							
	From	Address:								
	To									
		Job Title	Super	ervisor Name and Title						
	SALARY									
	Start									
	End	Responsibilities		Reason for Leaving						
		MAY WE CONTACT THIS EMPLOYER? YES		NO 🗌						
WORK	DATE OF	Name:		Telephone Number						
	EMPLOYMENT Month/Year									
	From	Address:								
EX	To/									
EXPERIENC		Job Title Su		pervisor Name and Title						
	SALARY									
S	Start	Responsibilities	1	Reason for Leaving						
m	End		1							
			Į							
		MAY WE CONTACT THIS EMPLOYER? YES								
i		Name:		Telephone Number						
	DATE OF EMPLOYMENT									
	Month/Year									
	From	Address:								
	To									
		Job Title	Super	ervisor Name and Title						
	SALARY									
	Start	Responsibilities		Reason for Leaving						
	End									
		MAY WE CONTACT THIS EMPLOYER? YES		NO 🗌						
	Please give Name, Address and Telephone numbers of three references who are not related to you and are not previous employers.									
Т	NAME:	TELEPHON	TELEPHONE NUMBER:							
ĨĘF	ADDRESS:			ĺ						
ËR	NAME:	TELEPHON	TELEPHONE NUMBER:							
REFERENC	ADDRESS:	1								
C m	NAME:	TELEPHON	TELEPHONE NUMBER:							
	ADDRESS:									
(0	I cortify that all of the statements made in this application are true, complete and correct to the best									
G	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									
MA	disqualification, and if employed, will be grounds for my dismissal at any time.									
SIGNATURE			-							
RE	Signature:	Date:								