



# FOREST COUNTY, PA

## Application for Employment

526 Elm Street Tionesta, Pennsylvania 16353

FOREST COUNTY 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.

DATE OF APPLICATION: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Seeking: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Other \_\_\_\_\_ Date Available: \_\_\_\_\_

Referral Source: Advertisement (Please Specify) \_\_\_\_\_ County Website \_\_\_\_\_ Friend \_\_\_\_\_

Have you ever been employed by Forest County? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, date \_\_\_\_\_

Are you related to a Forest County employee or is any member of your household employed by the Forest County Board of Commissioners? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please give their name, their relationship to you, and their employing department.

Applicant's Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number, Street Name) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_  
(Home) (Cell)

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

If you are offered and accept a job, can you submit proof of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a valid PA Driver's License number. # \_\_\_\_\_

Can you travel if job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please describe in full including dates; such convictions may be relevant if job related, but may not necessarily disqualify applicant from employment.

# Prior Employment Experience

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

May we contact your previous employers? Yes \_\_\_\_\_ No \_\_\_\_\_ Initial Here: \_\_\_\_\_

<b>1</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start: End:
	Supervisor's Name:	Reasoning for Leaving:	
	Job Title:	FT _____	PT _____ Hrs Per Week _____
	Duties and Responsibilities:		
<b>2</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start: End:
	Supervisor's Name:	Reasoning for Leaving:	
	Job Title:	FT _____	PT _____ Hrs Per Week _____
	Duties and Responsibilities:		
<b>3</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start: End:
	Supervisor's Name:	Reasoning for Leaving:	
	Job Title:	FT _____	PT _____ Hrs Per Week _____
	Duties and Responsibilities:		
<b>4</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start: End:
	Supervisor's Name:	Reasoning for Leaving:	
	Job Title:	FT _____	PT _____ Hrs Per Week _____
	Duties and Responsibilities:		
<b>5</b>	Employer:	Address:	Phone:
	Employed From:	To:	Salary Start: End:
	Supervisor's Name:	Reasoning for Leaving:	
	Job Title:	FT _____	PT _____ Hrs Per Week _____
	Duties and Responsibilities:		

## Education History

SCHOOL NAME & ADDRESS	# OF YEARS ATTENDED	GRADUATE? (Y or N)	MAJOR & MINOR COURSES OF STUDY

List trade or professional organizations of which you are a member, including offices held (you may exclude those that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status).

---



---



---

Please list any additional special skills, education, training and/or qualifications acquired from employment or other experiences that may qualify you for the position applied for.

---



---

\*Please note: You may also attach copies of documents or certificates which support your application. All materials submitted become the property of Forest County and will not be returned.

## References

Please list Name, Address and Phone Number of at least three (3) business/work references who are NOT related to you and have knowledge of your work ethic, experience, and ability.

Name: _____ Phone Number: _____ Address: _____ Job Title _____ Years Known _____
Name: _____ Phone Number: _____ Address: _____ Job Title _____ Years Known _____
Name: _____ Phone Number: _____ Address: _____ Job Title _____ Years Known _____

# Applicant's Statement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. I understand that any omissions or misstatements of material fact of the application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Forest County or its agents to thoroughly investigate my background to include references, work record, education, financial/credit history, criminal records, workers' compensation history, and other matters related to my suitability for employment and, further authorize my former employers to disclose any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release Forest County, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I authorize Forest County to request a consumer credit report for employment purposes.

I understand that nothing contained in the application or conveyed during my interview which may be granted is intended to create an employment contract between me and Forest County. In addition, I understand and agree that if I am employed, my employment will be at will, for no definite or determinable period and may be terminated at any time, with or without cause or prior notice, at the option of either myself or Forest County and that no promises or representations contrary to the foregoing are binding on Forest County unless made in writing and signed by me and any Authorized Representative. In consideration for my employment by Forest County, I agree to conform to the policies, rules, and regulations of Forest County including without limitation those set forth in the Employee Handbook.

I agree to abide by all the rules of Forest County and will follow the instructions of my supervisor; I will use and wear all safety equipment furnished by Forest County and will work in a safe manner observing all of Forest County's safety rules, not exposing myself or other workers to unnecessary dangers.

I understand that the use or possession of drugs, alcohol, or any controlled substances, other than that prescribed by a physician, is strictly prohibited on Forest County premises.

Please indicate all that apply, if any:

- ☐ I am a Veteran (attach a copy of DD214 for verification)
- ☐ I am a Widow/Widower of a Veteran
- ☐ I am a Spouse of a Disabled Veteran
- ☐ I am not a Veteran

Please list all names or variations of names, first and/or last (such as an assumed name, nickname, maiden/married name etc.) for verification purposes only.

---

---

---

Applicant Signature

---

Date

---

Applicant Name, Printed

---

Address

---

## FOR COUNTY USE ONLY

Date Application Was Received: \_\_\_\_\_

Application Was Received By (Initial Here): \_\_\_\_\_