



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. APPLICANTS WHO REQUIRE REASONABLE ACCOMMODATIONS DURING THE APPLICATION OR HIRING PROCESS SHOULD CONTACT THE CHIEF CLERK. 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 _____

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

Applicant's Name: First _____ Last _____ MI _____

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

Telephone Number: _____
(Home) (Cell)

Email Address: _____ Social Security #: _____

Yes _____ No _____

If you are offered and accept a job, can you submit proof of your legal right to work in the United States?

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

Can you travel if job requires? Yes _____ No _____

Have you ever been convicted, or entered a plea of guilty or no contest, to (1) a felony or (2) misdemeanor that has not been sealed under the Pennsylvania Clean Slate 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 Slate Law) and provide the date and place of your conviction. Conviction will not necessarily disqualify an applicant from employment.

PRIOR EMPLOYMENT EXPERIENCE

Starting with your present/most recent job, list positions and/or assignments held.
 Work history must be completed. **Do Not** write in "See Resume".

May we contact your previous employers? Yes _____ No _____ Initial Here _____

Employer:	Address:		
Employed From:	To:	Salary Start:	Salary End:
Supervisor's Name:	Phone:		
Job Title:	Reason for Leaving:		
Duties/Responsibilities:			

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Supervisor's Name:	Phone:		
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Job Title:	Reason for Leaving:		
Duties/Responsibilities:			

Employer:	Address:		
Employed From:	To:	Salary Start:	Salary End:
Supervisor's Name:	Phone:		
Job Title:	Reason for Leaving:		
Duties/Responsibilities:			

Education History

Do you have a high school diploma or GED/high school equivalency certificate? _____ Yes _____ No

SCHOOL (BEYOND HIGH 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 that are relevant to the position being sought (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 be relevant to 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 _____
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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 Forest County or its agents to thoroughly investigate my background to include references, work record, education, financial/credit history, criminal records, 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.

In addition, I understand and agree that if I am employed, unless otherwise provided by law, 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. As a condition of my employment by Forest County, I acknowledge that I am required to conform to the policies, rules, and regulations of Forest County including without limitation those set forth in the Employee Handbook.

I acknowledge that I am required to abide by all the rules of Forest County and to 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.

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

If yes, 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 _____

Please list all names or variations of names, first and/or last (such as an assumed name, nickname, all other names you have currently or have previously been known by) 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): _____