

McKean County

PRE-EMPLOYMENT APPLICATION

To Applicant: We sincerely believe that people are the most valuable asset of this agency. We appreciate your interest in applying for a position with us. To best place you, we should have some knowledge of your background and work experience. Be sure to answer all questions honestly and truthfully.

Date of Application	<i>An Equal Opportunity Employer</i>		
Name (Last)	(First)	(MI)	
Address (Street)	City	State	Zip Code
Social Security Number	Telephone Number	Date Available to Work	
Type of Work Desired	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Have You Ever Applied to, or Worked for, McKean County?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Where _____ When _____			
List Relatives and Friends Who Work for McKean County			
How Did You Hear of the Job Opportunity at McKean County?			
<input type="checkbox"/> Referral (Name) _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____			
<input type="checkbox"/> Temporary Agency <input type="checkbox"/> Employment Ad			
Number of Workdays Missed in the Last 12 Months			
Have You Ever Been Convicted of a Felony or Misdemeanor Within the Last 20 years?			
Yes <input type="checkbox"/> No <input type="checkbox"/> (Prior conviction will not constitute an automatic bar from employment)			
Please Explain: _____			
Are You at Least 18 Years of Age or Older?	Can You Present Proof of Your Right to Legally Work in the U.S.?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT RECORD

(Begin With Current or Most Recent Employer)

1. Company Name	Dates Employed From: To:	Hourly Rate	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> If Quit or Discharged, Please Explain:		
2. Company Name	Dates Employed From: To:	Hourly Rate	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> If Quit or Discharged, Please Explain:		
3. Company Name	Dates Employed From: To:	Hourly Rate	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> If Quit or Discharged, Please Explain:		
4. Company Name	Dates Employed From: To:	Hourly Rate	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> If Quit or Discharged, Please Explain:		

If You Had More Than Four Employers in the Past 20 Years, Please Use an Additional Sheet of Paper to Tell Us About Them

EDUCATION AND TRAINING

HIGH SCHOOL	Name and Address	Check Last Year Completed				Graduate or Hold G.E.D.?	Course of Study
		1	2	3	4		
COLLEGE	Name and Address	Check Last Year Completed				Did You Graduate?	Course of Study
		1	2	3	4		
OTHER	List Special Training, Apprenticeship Programs, Technical Schools, Service Schools, Graduate Schools, Etc.	Check Last Year Completed				Did You Graduate?	Course of Study
		1	2	3	4		
OFFICE SKILLS	List Clerical Skills						
SPECIAL SKILLS	List Machinery You Can Operate or Training You Have Received						
SPECIAL LICENSES	List Any Licenses That You Hold - Year Issued and Expiration Date						
OTHER	List Any Additional Information Regarding Training and Education						
MILITARY	Have You Ever Served in the U.S. Military Service or Reserves? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Branch of Service _____ Rank at Discharge _____ Dates of Duty _____ List Duties and Special Training While in the U.S. Armed Forces						

REFERENCES

Names of Persons (Not Relatives) Who Can Provide Professional and/or Character References

Name	Address	Telephone	Occupation	Years Known
1.				
2.				
3.				

ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL CONSIDERATION WITHOUT REGARD TO AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CREED, MARITAL STATUS, VETERAN STATUS OR DISABILITY.

- I certify that the facts on this application are true, and complete to the best of my knowledge. I hereby authorize McKean County to contact any and all previous employers to check data, work history, professional work associates and personal references. I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this inquiry may prevent my being hired, or if hired, understand I may be subject to immediate dismissal.

Signature: _____ Date: _____

- ❖ In consideration of my employment, I agree to conform to McKean County rules and regulations. I understand that my employment and compensation and/or benefits can be terminated by my option or that of McKean County at any time with or without notice, as employment is at will.

Signature: _____ Date: _____