



COUNTY OF VENANGO APPLICATION FOR EMPLOYMENT



**We are an Equal Employment Opportunity Employer
Drug-Free Work Environment**

Note: Please complete the application entirely with as much detail as possible so that it can be accurately evaluated. Answers to application questions will be utilized for applicable, job related information only.

Name: _____
Last
First
M.I.
Driver's License Number/State
Date

Address: _____
Number
Street
City
State
Zip

E-mail Address: _____ Social Security Number: _____

Telephone: Home _____ Cell _____ Are you at least age 18? YES NO

Referral Source: Please Check Box that applies.
 County Website Advertisement (Please Specify) _____ Other _____

Position you are applying for: _____ What are your salary expectations? \$ _____ per _____

Do you verify U.S. citizenship or authorization to work in the U.S.? YES NO
(You will be required to provide documentation of identity and employment eligibility prior to starting employment as required by the Immigration Reform and Control Act of 1986.)

EDUCATION – If position applied for requires a degree, please include transcript with this application.

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR COURSE	GRADUATED YES or NO	DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
POST GRAD. SCHOOL				
BUSINESS SCHOOL				
TECHNICAL SCHOOL				

Have you worked for the County of Venango before? YES NO If yes, provide dates and locations worked and why your employment ended. _____

TRAINING

Please list additional training you have received (i.e., specialized courses, seminars, internships or work training courses, armed forces training, etc.). Please estimate the number of hours of training involved. Include special skills, licenses, professional associations, etc. _____

EMPLOYMENT HISTORY

List sequentially - present or last employer first. Include all full-time and part-time work, (seasonal, temporary, or otherwise) as well as any other paid work. Please be as detailed as possible about your job duties and titles. (Attach additional sheets as necessary to explain job duties.)

Starting Date	Ending Date	Name & Address of Present or Last Employer
Hours Per Week	Employers Phone #	
Name & Title of Immediate Supervisor:		
Reason For Leaving:		
Job Title:		
Brief Description of Duties:		

Starting Date	Ending Date	Name & Address of Present or Last Employer
Hours Per Week	Employers Phone #	
Name & Title of Immediate Supervisor:		
Reason For Leaving:		
Job Title:		
Brief Description of Duties:		

Starting Date	Ending Date	Name & Address of Present or Last Employer
Hours Per Week	Employers Phone #	
Name & Title of Immediate Supervisor:		
Reason For Leaving:		
Job Title:		
Brief Description of Duties:		

CLERICAL SKILLS AND ABILITIES

Computer knowledge: Yes No Please check any of the following computer software programs that you are able to use:

- Excel Word Other _____
- PowerPoint Outlook

Knowledge of/experience with the following general office machines: _____

VETERANS' HIRING PREFERENCE ELIGIBILITY

Have you ever served in the armed forces? Yes No *If yes, fill out bullet points below*

- If yes, which branch: _____
- Rank at discharge: _____
- Dates served from : _____ to _____
- What were your duties? _____

(You MUST attach Form DD214 to determine Veterans' Hiring Preference Eligibility)

GENERAL INFORMATION

1. Are you presently employed? _____ If yes, state reason(s) for applying for this job opportunity: _____

2. Do you have any reasons why you might be unable to perform consistently and promptly any of the job duties that would be required by you considering the position for which you are applying. YES NO If yes, please explain: _____

3. Do you have any objections to overtime, if required by job? Yes No
4. Have you ever been disciplined or discharged? Yes No If yes, please explain: _____

SIGNATURE AUTHORIZATION/CERTIFICATION

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from the County's service if I am employed. I understand that the County of Venango may contact present and/or former employers pursuant to Act 3 of 2005 and that such employers are authorized to release information related to my past work performance.

Signature: _____ **Date:** _____

In addition, please list here any other names used during education or employment: _____
