

CARBON COUNTY APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, ancestry, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Town	State
Telephone Number(s)		Zip Code
Social Security Number		

Best time to contact you at home is.....:.....AM
PM

If you are under 18 years of age, can you provide required proof of your eligibilty to work?..... Yes No

Have you ever filed an application with us before? If Yes, give date..... Yes No

Have you ever been employed with us before? If Yes, give date..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it?..... Yes No

Have you ever been convicted of a felony?..... Yes No

This information will be used only to the extent to which it relates to your suitability for employment in the position for which you have applied

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.....

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

RESIDENT INFORMATION

Have been a resident of Pennsylvania for the past two years? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Windows 10	<input type="checkbox"/> Desktop Calculator	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> Word	<input type="checkbox"/> Copier/Scanner	_____	_____
<input type="checkbox"/> Excel	<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> Powerpoint		_____	_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1.

()

(Name)

Phone #

(Address)

2.

()

(Name)

Phone #

(Address)

3.

()

(Name)

Phone #

(Address)

If you answered "yes" to **Have you ever been convicted of a felony??**, please explain below:

Have you ever been convicted of a misdemeanor? YES NO

This information will be used only to the extent to which it relates to your suitability for employment in the position for which you have applied.

If yes, please explain below:

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize the county to contact any or all references provided on this application.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Interviewer _____

Date _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____

Name and Title

Date