



Beaver, Pennsylvania 15009-2196

724 / 728-5700

COUNTY OF BEAVER APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Office of Employee Relations for such assistance.

PLEASE PRINT

Position(s) Applied For:

Date of Application

Referral Source:  
(please circle)

Newspaper  
Posting Notice

Friend  
Other (explain below)

Walk-In

Other: \_\_\_\_\_

=====

Last Name

First Name

Middle Name

Address — No. Street

City/State/Zip Code

How long have you been at this address?

Prior address if less than one (1) year:

Telephone Number(s)

Social Security Number

If you are under 18 years of age, can you furnish a work permit?

Yes  No

Have you ever been employed by Beaver County?

Yes  No

If Yes, give date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

May we contact you at work? .....  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? .....  Yes  No  
(Proof of citizenship or immigration status will be required upon employment.)

Are you available to work .....  Full Time  Part Time  
 Shift Work  Temporary

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

On what date would you be available for work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been convicted of a felony within the last seven (7) years? .....  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's license number (if required by job) \_\_\_\_\_



**EDUCATION**

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA
Elementary				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with The County of Beaver:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, age, disability or other protected status. List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in Comments section below.

Employer / Volunteer ( ) Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
	Hourly Rate/Salary		
Reason for Leaving	Final		
	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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Address			
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Reason for Leaving	Final		
	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERENCES

List name and telephone number of three business/work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_



APPLICANT'S STATEMENT

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize the County the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the County, and its' representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

This application for employment shall be considered active for a period of one (1) year. Any applicant wishing to be considered for employment, beyond this time period, should submit a new application to the Employee Relations Office.

Beaver County is an Equal Opportunity Employer (EOE). The County does not discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I certify that the information contained in this application is true and correct and complete. I understand that false information or omission may result in the rejection of this application or termination from employment. **I further understand that any offer of employment is subject to satisfactory completion of a medical examination including a drug test.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_