



# County of Armstrong

## Employment Application

### Equal Opportunity Employer

The County of Armstrong considers qualified applicants for all positions without regard to race, veteran status, gender, non-job related disability, or any other legally protected status.

**Please complete all sections of the application thoroughly. All information must be completed to be considered. A resume may not be substituted in lieu of an application. Please use black ink or type.**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Borough/Township: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have you worked or earned a degree under another name?  Yes  No

If yes, state name: \_\_\_\_\_

Have you ever been employed by the County of Armstrong?  Yes  No

If yes, From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever submitted an application to the County of Armstrong?  Yes  No

If yes, Date: \_\_\_\_\_ Position applied: \_\_\_\_\_

**Position that you are applying for:** \_\_\_\_\_

**Which of the following are you willing to accept (check all that apply)**

Full-time  Part-time  Temporary  Casual  Seasonal  Overtime  Shifts

**When will you be able to begin work?** \_\_\_\_\_

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

Yes  No

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Have you been convicted of a felony or misdemeanor within the past 10 years?  Yes  No

If yes, Date: \_\_\_\_\_ Explain: \_\_\_\_\_

*Convictions will not necessarily disqualify applicant from employment.*

## Education

School Name and Location	Dates Attended	Course of Study	No. Yrs. Completed	Did you Graduate?	Diploma or Degree
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

Special Training or skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If a license or certificate is required for this job, list those you possess and provide dates of expiration:**

License or Certificate	Number	Date Issued	Expiration Date

**Membership in professional or civic organizations:** *You may exclude those which disclose your race, veteran status gender, non-job related disability or other legally protected status.*

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

## Clerical Skills and Abilities

Typing speed \_\_\_\_\_ wpm Shorthand speed \_\_\_\_\_ wpm  
 Check if you have training or knowledge of working with:

- |                                       |                                     |                                      |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> PC           | <input type="checkbox"/> Windows    | <input type="checkbox"/> Excel       |
| <input type="checkbox"/> Fax          | <input type="checkbox"/> Word       | <input type="checkbox"/> Access      |
| <input type="checkbox"/> Calculator   | <input type="checkbox"/> MS Outlook | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Other: _____ |                                     |                                      |

# Employment

*Beginning with your most recent experience, please account for all employment and any periods of unemployment in the last ten years. Include self-employment, and military service. Also include any jobs held more than ten years ago which relate to the duties.*

Present/Last employer:				Job Title:	
Employer's Address:				Duties:	
City/State:			Zip Code:		
From:		To:		Hrs per week:	Reason for leaving:
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
Final or Current Salary:				May we contact this employer?	
				<input type="checkbox"/> Yearly <input type="checkbox"/> Hourly <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:				Job Title:	
Employer's Address:				Duties:	
City/State:			Zip Code:		
From:		To:		Hrs per week:	Reason for leaving:
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
Final Salary:				May we contact this employer?	
				<input type="checkbox"/> Yearly <input type="checkbox"/> Hourly <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:				Job Title:	
Employer's Address:				Duties:	
City/State:			Zip Code:		
From:		To:		Hrs per week:	Reason for leaving:
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
Final Salary:				May we contact this employer?	
				<input type="checkbox"/> Yearly <input type="checkbox"/> Hourly <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:				Job Title:	
Employer's Address:				Duties:	
City/State:			Zip Code:		
From:		To:		Hrs per week:	Reason for leaving:
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		
Final Salary:				May we contact this employer?	
				<input type="checkbox"/> Yearly <input type="checkbox"/> Hourly <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Military Background

*Veterans Preference will not be awarded without a copy of the DD-214 which specifies the final discharge or release from active duty under honorable conditions (i.e., honorable or general discharge, retirement, etc.).*

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Date of final discharge: \_\_\_\_\_

Are you a member of a reserve organization?  Yes  No

If yes, which reserve organization \_\_\_\_\_

## Professional References

*Please provide contact information for professional references. Do not include immediate family members.*

Name & Job Title	Day-time Phone	How do they know you?

My signature below certifies the truth and accuracy of all statements contained in this application. I understand that any false statement, omission, or inaccuracies may disqualify me from consideration for employment or, if discovered after employment, will be cause for discharge if I am employed.

I authorize the County of Armstrong to verify and investigate any and all information contained in this application, including but not limited to, contacting any and all employers, schools, references, and motor vehicle records. I further authorize individual and companies for whom I have been associated to furnish the County of Armstrong with any information concerning my employability which they have on record or otherwise. I hereby release any individual, County, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

I understand that, unless otherwise defined by applicable law, any employment relationship with the County of Armstrong is of an "AT WILL" nature, which means that the employee may resign at any time and the County may discharge at any time with or without cause. It is also understood that this "AT WILL" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by the Armstrong County Board of Commissioners.

I further understand that if employed and not currently a resident of the County, I may be required to establish residence in the County within 120 days from my date of hire and maintain residence for the duration of my employment.

If I am not hired, I understand that this application will be kept on file for a period of six (6) months. After this period, if I wish to be considered for employment with the County, I must complete and resubmit another application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_