

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. Applicants who require reasonable accommodations during the application or hiring process should contact the Department of Human Resources.

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 Part Time		
Have You Ever Applied to, or Worked for, McKean County?			
Yes	No	Where _____	When _____
How Did You Hear of the Job Opportunity at McKean County?			
Referral (Name) _____	Walk-In _____	Other _____	
Temporary Agency _____	Employment Ad _____		
Have You Ever Been Convicted of or Entered a Plea of Guilty or No Contest to any felony or misdemeanor?			
Yes _____ No _____			
If you answered yes, please identify the violations that you were convicted of and provide the date and place of your conviction. Conviction will not necessarily disqualify an applicant from employment.			

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. Employer Name	Dates Employed From: To:	Hourly Rate/Annual Salary	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit Layoff Discharged		
	If Quit or Discharged, Please Explain:		
2. Employer Name	Dates Employed From: To:	Hourly Rate/Annual Salary	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit Layoff Discharged		
	If Quit or Discharged, Please Explain:		
3. Employer Name	Dates Employed From: To:	Hourly Rate/Annual Salary	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit Layoff Discharged		
	If Quit or Discharged, Please Explain:		
4. Employer Name	Dates Employed From: To:	Hourly Rate/Annual Salary	Name of Supervisor
Business Address	Describe the Work You Performed (Duties and Responsibilities):		
Telephone Number	Reason for Leaving: Quit Layoff Discharged		
	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. (yes or no)	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	Are you requesting Pennsylvania Veterans' status? Yes _____ No _____ If you are requesting Veterans' Preference, please provide the following: Branch of the Armed Services: _____ Dates of Service: _____ Date of Discharge: _____ Type of Discharge: _____						

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. In addition to authorizing the County to investigate my work, criminal and personal history and verify all data given on this application, or related papers or in interviews, I authorize all individuals and employers named therein (except my current employer if so noted) to provide any information requested about me, and I release both the County and all such individuals and prior employers from all liability related to providing this information.

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 unless otherwise provided by applicable law or collective bargaining agreement.

Signature: _____ Date: _____