

Employment Application



Date _____

Return to:
Mercer County
Human Resources
125 S. Diamond St., Suite 17
Mercer, PA 16137
www.mercercountypa.gov

COUNTY OF MERCER

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

| | | | | | | | |
|----------------|--|------------|--|-------------|-------------|-------|-----|
| Last Name | | First Name | | | Middle Name | | |
| Address | | | | City | | State | Zip |
| Home Phone: | | | | Cell Phone: | | | |
| Email Address: | | | | | | | |

Have you lived at this address more than one year? _____. If not, state previous address:

STREET CITY STATE ZIP

If you are under 18 years of age, can you provide required proof of your eligibility to work? 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?

YES NO (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

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

Position you are applying for: _____

(Minimum age of 21 required at time of application for correctional positions)

Have you ever been employed with us before? YES NO

If 'YES', give dates _____

Have you been convicted of a felony within the last 7 years? YES NO

(Conviction will not necessarily disqualify an applicant from employment)

If 'YES' PLEASE EXPLAIN: _____

Education

| | ELEMENTARY SCHOOL | | | | | HIGH SCHOOL | | | | UNDERGRADUATE COLLEGE/UNIVERSITY | | | | GRADUATE/ PROFESSIONAL | | | |
|--|-------------------|---|---|---|---|-------------|----|----|----|----------------------------------|---|---|---|------------------------|---|---|---|
| School Name and Location | | | | | | | | | | | | | | | | | |
| Years Completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree | | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills or activities | | | | | | | | | | | | | | | | | |
| Describe any honors you have received | | | | | | | | | | | | | | | | | |
| State any additional information that may be helpful to us in considering your application | | | | | | | | | | | | | | | | | |

Employment Experience

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

| | | | |
|--------------------|------------|---------------|-------|
| EMPLOYER | | DATES | |
| | | FROM | TO |
| ADDRESS | | | |
| TELEPHONE NUMBER | | HOURLY SALARY | |
| | | STARTING | FINAL |
| JOB TITLE | SUPERVISOR | | |
| REASON FOR LEAVING | | | |
| EMPLOYER | | DATES | |
| | | FROM | TO |
| ADDRESS | | | |
| TELEPHONE NUMBER | | HOURLY SALARY | |
| | | STARTING | FINAL |
| JOB TITLE | SUPERVISOR | | |
| REASON FOR LEAVING | | | |
| EMPLOYER | | DATES | |
| | | FROM | TO |
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| REASON FOR LEAVING | | | |
| EMPLOYER | | DATES | |
| | | FROM | TO |
| ADDRESS | | | |
| TELEPHONE NUMBER | | HOURLY SALARY | |
| | | STARTING | FINAL |
| JOB TITLE | SUPERVISOR | | |
| REASON FOR LEAVING | | | |

Veterans' Hiring Preference Eligibility

Confirmed by HR _____

Have you ever served in the Armed Forces? YES NO If YES, please fill in the following section:

Which branch? _____ Rank at discharge: _____

Dates Served: _____ to _____

What were your duties? _____

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

References

| | | |
|--|---------|-----------|
| Give name, address and telephone number of three references who are not related to you and are not previous employers. | | |
| Name | Address | Telephone |
| 1. | | |
| 2. | | |
| 3. | | |

Applicant's Statement

Employment is contingent upon the successful completion of a physical evaluation, urine drug screen and background check performed after an offer of employment is made.

In case of emergency notify _____
 (Name) (Phone)

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the County permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for dismissal if such false statement is discovered subsequent to my employment. I understand that as part of the County procedure for processing my application, an investigation may be made by a consumer reporting agency of which information may be obtained through interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom the applicant has been acquainted. This inquiry may include information as to the applicant's character, general reputation, personal characteristics, whichever may be applicable. I understand that under the Federal Fair Credit Reporting Act, I have the right to make written request within a reasonable period of time for a complete and accurate disclosure by the County of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, the applicant understands that the County shall so advise him or her and shall supply the name and address of the consumer reporting agency making the report.

 Signature