Clear Form

Print Form

Employment Application

Date: _____

Submit via email:
hr@mercercountypa.gov

Submit via USPS:
Mercer County Human Resources
125 S. Diamond St., Suite 17
Mercer, PA 16137

COUNTY OF MERCER

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

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

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 a U.S. citizen or otherwise legally authorized to work in the United States? ☐ 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, or entered a guilty or no contest to (1) a felony, or (2) a misdemeanor that has not been sealed under the Pennsylvania Clean Slate Law? ☐ YES ☐ NO

If you answered yes, please identify the violations that you were convicted of (not including any that have been sealed under the Pennsylvania Clean Slate Law) and provide the date and place (state, county and municipality) of your conviction. Conviction will not necessarily disqualify an applicant from employment.

Education:

	HIGH SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location									
Years Completed	☐ YES ☐ NO	1	2	3	4	1	2	3	4
Degree/Diploma/GED									
Describe Course of Study									
State any additional information relevant to your ability to perform the job for which you have applied									

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, age (40 or older), disability 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
ADDRESS			
TELEPHONE NUMBER		HOURLY SALARY	
		STARTING	FINAL
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			

Veterans' Hiring Preference Eligibility

☐ **Confirmed by HR**_________

Are you requesting consideration of Veteran's Preference status? ☐ YES ☐ NO If **YES**, please fill in the following section:

Branch of the Armed Services: ______________________________

Dates of Service: __________________ Date of Discharge: __________________

Type of Discharge: ______________________________

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

References:

Provide 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. 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 advise him or her and shall supply the name and address of the consumer reporting agency making the report. In addition to authorizing the County to contact my prior employers, I further authorize 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 for damages related to providing this information.

____________________________ ______________

Signature Date