



BUTLER COUNTY, PA

Application for Employment

HUMAN RESOURCES, 124 W. DIAMOND STREET, P.O. BOX 1208, BUTLER, PA 16003

BUTLER COUNTY, PA CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF ANY DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. ANSWERS TO APPLICATION QUESTIONS WILL BE UTILIZED FOR APPLICABLE, JOB RELATED INFORMATION ONLY. EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT OR TYPE LEGIBLY.

DATE OF APPLICATION:

Position applied for: _____

Seeking: Full-Time _____ Part-Time _____ Other _____ Date Available: _____

Have you ever been employed by Butler County? Yes _____ No _____ If Yes, date _____

Are you related to a Butler County employee or is any member of your household employed by the Butler County Board of Commissioners? Yes _____ No _____

*If yes, please give their name, their relationship to you, and their employing department.

Applicant's Name: First _____ Last _____ MI _____

Address: _____
(Street Number, Street Name) _____ (City) _____ (State) _____ (Zip Code)

Telephone Number: _____
(Home) _____ (Cell) _____

Email Address: _____ Social Security #: _____

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

If you are offered and accept a job, can you submit proof of your legal right to work in the United States? Yes _____ No _____

Do you have a valid Pennsylvania Driver's License? Yes _____ No _____

Can you travel if job requires? Yes _____ No _____

Have you ever been excluded or debarred from participating as a provider in any programs paid by Medicare, Medicaid, or other Health Care Provider? Yes No

*If yes, please explain.

Have you ever been convicted of a felony or a misdemeanor? Yes No

*If yes, please describe in full including dates; such convictions may be relevant if job related but may not necessarily disqualify applicant from employment.

Employment Experience

Starting with your present/most recent job, listing positions and/or assignments held. Fill out work history section completely.
DO NOT write in "See Résumé".

May we contact your present employer? Yes _____ No _____ Why? _____ Initial Here: _____

| | | | |
|---|------------------------------|------------------------|-----------------------------|
| 1 | Employer: | Address: | Phone: |
| | Employed From: | To: | Salary Start: End: |
| | Supervisor's Name: | Reasoning for Leaving: | |
| | Job Title: | FT _____ | PT _____ Hrs Per Week _____ |
| | Duties and Responsibilities: | | |
| | | | |
| | | | |
| 2 | Employer: | Address: | Phone: |
| | Employed From: | To: | Salary Start: End: |
| | Supervisor's Name: | Reasoning for Leaving: | |
| | Job Title: | FT _____ | PT _____ Hrs Per Week _____ |
| | Duties and Responsibilities: | | |
| | | | |
| | | | |
| 3 | Employer: | Address: | Phone: |
| | Employed From: | To: | Salary Start: End: |
| | Supervisor's Name: | Reasoning for Leaving: | |
| | Job Title: | FT _____ | PT _____ Hrs Per Week _____ |
| | Duties and Responsibilities: | | |
| | | | |
| | | | |
| 4 | Employer: | Address: | Phone: |
| | Employed From: | To: | Salary Start: End: |
| | Supervisor's Name: | Reasoning for Leaving: | |
| | Job Title: | FT _____ | PT _____ Hrs Per Week _____ |
| | Duties and Responsibilities: | | |
| | | | |
| | | | |
| 5 | Employer: | Address: | Phone: |
| | Employed From: | To: | Salary Start: End: |
| | Supervisor's Name: | Reasoning for Leaving: | |
| | Job Title: | FT _____ | PT _____ Hrs Per Week _____ |
| | Duties and Responsibilities: | | |
| | | | |
| | | | |

Education History

| SCHOOL NAME & ADDRESS | # OF YEARS ATTENDED | GRADUATE? (Y or N) | MAJOR & MINOR COURSES OF STUDY |
|-----------------------|---------------------|--------------------|--------------------------------|
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List trade or professional organizations of which you are a member, including offices held (you may exclude those that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status).

Please list any additional special skills, education, training and/or qualifications acquired from employment or other experiences that may qualify you for the position applied for.

*Please note: You may also attach copies of documents or certificates which support your application. All materials submitted become the property of Butler County and will not be returned.

References

Please list Name, Address and Phone Number of at least three (3) business/work references who are NOT related to you and have knowledge of your work ethic, experience, and ability.

| | | |
|----------------|---------------------|-------------------|
| Name: _____ | Phone Number: _____ | |
| Address: _____ | Job Title _____ | Years Known _____ |
| Name: _____ | Phone Number: _____ | |
| Address: _____ | Job Title _____ | Years Known _____ |
| Name: _____ | Phone Number: _____ | |
| Address: _____ | Job Title _____ | Years Known _____ |

Applicant's Statement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. I understand that any omissions or misstatements of material fact of the application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Butler County or its agents to thoroughly investigate my background to include references, work record, education, financial/credit history, MA exclusion lists, criminal records, workers' compensation history, and other matters related to my suitability for employment and, further authorize my former employers to disclose any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release Butler County, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I authorize Butler County to request a consumer credit report for employment purposes.

I understand that nothing contained in the application or conveyed during my interview which may be granted is intended to create an employment contract between me and Butler County. In addition, I understand and agree that if I am employed, my employment will be at will, for no definite or determinable period and may be terminated at any time, with or without cause or prior notice, at the option of either myself or Butler County and that no promises or representations contrary to the foregoing are binding on Butler County unless made in writing and signed by me and any Authorized Representative. In consideration for my employment by Butler County, I agree to conform to the policies, rules, and regulations of Butler County including without limitation those set forth in the Policy and Procedures Manual.

I agree to abide by all the rules of Butler County and will obey the orders and instructions of my supervisor; I will use and wear all safety appliances furnished by Butler County and will work in a safe manner observing all of Butler County's safety rules, not exposing myself or other workers to unnecessary dangers.

I understand that the use or possession of drugs, alcohol, or any controlled substances, other than that prescribed by a physician, is strictly prohibited on Butler County premises.

Please indicate all that apply, if any:

- I am a Veteran
- I am a Widow/Widower of a Veteran
- I am a Spouse of a Disabled Veteran
- I am not a Veteran
- I am requesting Aging Preference

Please let all names or variations of names, first and/or last (such as an assumed name, nickname, maiden/married name etc.) for verification purposes only.

Applicant Signature

Date

Applicant Name, Printed

Address

FOR HUMAN RESOURCES USE ONLY

Date Application Received:

Date Application Was Logged In: _____

Application Was Logged In By (Initial Here): _____