



# ALLEGHANY COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer



TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal Law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to discrimination based on upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

## PERSONAL INFORMATION

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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number:XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_  
Street & No. or P.O. Box City State Zip

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

E-mail Address \_\_\_\_\_

Are you 18 or older? [ ] Yes [ ] No If NO, what is your birth date? \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Have you ever been employed with Allegheny County? [ ] Yes [ ] No

If YES, what department and when: \_\_\_\_\_

Are you now or were you previously related in any way to a County employee? [ ] Yes [ ] No

If YES, give name, relationship and department: \_\_\_\_\_

Are you able to perform all of the duties of the job you have applied for? [ ] Yes [ ] No

Are you an American citizen or do you currently have authorization to work in the U.S.? [ ] Yes [ ] No

Did you receive any of your education or employment experience under another name? [ ] Yes [ ] No

Have you ever been convicted of anything other than a minor traffic violation? [ ] Yes [ ] No

If yes, please explain fully on a separate sheet.

Note: A conviction will not necessarily exclude you from employment. Factors such as rehabilitation efforts, how recent the offence was, the nature of the offence, and the type of job you are applying for will be considered.

# EDUCATION

Indicate highest school year completed: (i.e. 8, 12, 16) \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you received a high school diploma or equivalent? [ ] Yes [ ] No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

# PERSONAL REFERENCES

Name and Occupation	Address	Phone Number or Email Address

May we telephone you to follow up on this application at home? Yes \_\_\_ No \_\_\_

If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work? Yes \_\_\_ No \_\_\_

If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

# **EMPLOYMENT HISTORY**

**List below present and past employment, beginning with your most recent.**

1: Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Year	Mo	Year				
	Describe the work you did:							
Telephone:								

2: Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Year	Mo	Year				
	Describe the work you did:							
Telephone:								

3: Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Year	Mo	Year				
	Describe the work you did:							
Telephone:								

4: Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Year	Mo	Year				
	Describe the work you did:							
Telephone:								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer 1? Yes \_\_\_ No \_\_\_

Employer 2? Yes \_\_\_ No \_\_\_

Employer 3? Yes \_\_\_ No \_\_\_

Employer 4? Yes \_\_\_ No \_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand a background check of my driving, criminal, or other records may be conducted before employment. I understand that Alleghany County is a drug and alcohol-free workplace and I understand that the County may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests based on approved policies. I further understand that this application is not and is intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason, or no reason. No one other than an authorized official of Alleghany County has any authority to enter into any agreement for employment for any specified period of time to make any agreement contrary to the foregoing and then only in a writing signed by an authorized official of Alleghany County. By signing below, I am authorizing the County to verify any or all information on this application.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_