

**INDIANA COUNTY  
Employment Application**

Mailing Address: 825 Philadelphia Street  
Indiana, PA 15701  
Phone: 724-465-3805 Fax: 724-465-3953

Indiana County is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, national origin, religion, marital status, sexual orientation, disability or any other legally protected status.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Applicants requiring accommodation in the application or hiring process should contact the County Human Resources Director.

**Personal Data**

\_\_\_\_\_

First Name	Middle	Last
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\_\_\_\_\_

Street Address	City	State	Zip Code
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\_\_\_\_\_

Home Telephone Number	Today's Date
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\_\_\_\_\_

Daytime Telephone Number at which we may contact you

Are you a Veteran?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Are you 18 years of age or older?    Yes \_\_\_\_\_                      No \_\_\_\_\_

Have you ever been convicted of a felony?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

How were you referred to the County? Please circle the number of the most appropriate response.

- |                                  |                                |               |                         |                                 |                   |
|----------------------------------|--------------------------------|---------------|-------------------------|---------------------------------|-------------------|
| 1<br>College<br>or<br>University | 2<br>Recruiter<br>or<br>Agency | 3<br>Employee | 4<br>Adver-<br>tisement | 5<br>No<br>Referral;<br>Walk-In | 6<br>Other: _____ |
|----------------------------------|--------------------------------|---------------|-------------------------|---------------------------------|-------------------|

**Position Preferences**

Position(s) applied for \_\_\_\_\_

Schedule desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of Hours Per Week \_\_\_\_\_

Could you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

**Education**

**High School or High School Equivalency credential**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Diploma or # of Years Completed \_\_\_\_\_

Major or Subject: \_\_\_\_\_

**College**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Graduate School**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

\_\_\_\_\_  
\_\_\_\_\_

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, or disability):

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**Previous Employment**

List your current or most recent employment first. Include work related internships, military and volunteer work:

Current Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_\_ No \_\_\_\_\_

**Professional References**

<b>Name</b>	<b>Title</b>	<b>Company</b>	<b>Phone</b>	<b>Professional Relationship</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the County may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I understand that additional information may be required in order to complete such inquiries and I will provide the necessary information or documents as requested. I authorize without reservation, any party or agency contracted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the County and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Initials

**All hiring and employment at Indiana County is at will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by the County has no specific term and may be terminated by the employee or the County with or without notice. I acknowledge that the County has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the County, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the County. I agree to release and hold harmless Indiana County from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form and any attachments submitted is true and complete. I understand that if any misrepresentation (omissions or false statements, as examples) has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the County may be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicants requiring accommodation in the application or hiring process should contact the County Human Resources Director.