



APPLICATION FOR EMPLOYMENT

TIOGA COUNTY
118 MAIN STREET
WELLSBORO, PA 16901

An Equal Opportunity Employer

Resumes Not Accepted

Name: _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Daytime Telephone () _____ Evening Telephone () _____

Position or Type of Work Applying for _____

Please mark preferred status:

Full-time Part-time No Preference Other

Date Available to Start _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you over the age of 18? Yes No If "no" can you furnish a work permit? Yes

Are you willing to work overtime, if necessary? Yes No No

Are you a U.S. Military Veteran? Yes No (If yes, provide proof of eligibility, DD Form 214 or other documents)

I feel I am capable of performing all the duties of the job for which I am applying, with or without reasonable accommodations.

Yes No

I cannot perform the following duties of the job for which I am applying with or without reasonable accommodations.

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

If "yes", provide the date, crime and other relevant information. Criminal convictions will be considered only to the extent relevant to the job duties.

Do you possess a valid driver's license, if driving is an essential function of the job for which you are applying?

Yes No

If yes, please provide driver's license number _____ State _____

Do you have a legal right to work in the United States? Yes No

Skills and Qualifications

Summarize your skills which qualify you for the position for which you are applying: (Applicant should not list any information that Federal and / or State law precludes obtaining in the pre-employment stage.)

Education:

School	Name & Address of School	Course of Study	Number of Years	Did You Graduate?	Degree or Diploma Received
Elementary					
High					
College					
Other (Specify)					

Work Experience (List in order, last or current employer first)

Name and Address of Company and Type of Business	From (Mo./Yr.)	To (Mo./Yr.)	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						

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Describe the work you did:						

If you need additional room to complete your Work Experience, use additional sheets of paper.

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed: _____

If there is a particular employer(s) you do not wish us to contact; please indicate which one(s).

Personal References (Not Former Employers or Relatives)

Name, Occupation	Dates Known	Address	Telephone Number (Including Area Code)

I certify that the information contained in this application is true and correct and complete. I understand that false information or omissions may result in the rejection of this application or termination from employment. I further understand that any offer of employment is subject to satisfactory completion of a medical examination (if applicable).

Signature of Applicant

Date

Applications will be retained for one (1) year from the date received, after which applicant must reapply.

In complying with the New Hire Provisions of the Personal Responsibility and Work Opportunity Act of 1996, we will furnish the name, address, social security number, date of birth and date of hire of any applicant that is hired to the Commonwealth of PA Department of Labor and Industry.

Applicants requiring accommodation in the application or hiring process should contact the Human Resource Department.