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

Phone Number ( ) _____ Email _____

Position 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)

*** If applying for positions with Human Services; are you claiming Veterans' Preference?* ☐ Yes ☐ No
Please see the instructions at the end of the application for needed documentation.

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

Have you reviewed the job posting? ☐ Yes ☐ No

Do you possess the skills and qualifications listed in the job posting? ☐ Yes ☐ No

Please list any other skills and qualifications you possess that would be beneficial to the position.

Education:

School	Name & Address of School	Course of Study	Number of Years	Did You Graduate?	Degree or Diploma Received
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.)	Starting Salary	Ending 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	Years Known	Address	Telephone Number (Including Area Code)

I authorize Tioga County to complete a criminal background check, check references and verify information provided in the employment process. I consent to a pre-employment drug test and I understand that if I am given an offer of employment it will be conditioned upon my completion of a medical examination / psychological 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.

This application is available in other formats.
Applicants requiring accommodation in the application or hiring process should contact the Human Resource Department.

** Veterans' Preference

You may receive preference in hiring if you are: a veteran, the widow or widower of a veteran, or the spouse of a disabled veteran.
Your separation must have been under Honorable or other acceptable conditions.

The following documents will need to be submitted with your application:

* Veterans: Photocopy, not the original, of the DD Form 214 or other military document showing dates of entry and separation and character of service.

*Widow and Widowers: Photocopy, not the original, of the spouse's DD Form 214. A certified copy (not a photocopy) of the death certificate.

*Spouses of Disabled Veterans: Photocopies, not the originals, of DD Form 214; a Veterans' Administration letter, dated within the past six months, verifying that the veteran is receiving compensation for a service-connected disability; and a signed statement from the disabled veteran showing the social security number and agreeing to transfer credit to you.