

Educational Background

List last three schools attended, starting with the last one.

School Name & Location	No. of Years Or Credits Completed	Did you Graduate?	Degree or Diploma	Course of Study

Please list any other training you have had that you would like us to consider _____

Professional References

List name, address and telephone number of three business/work references who are *not* related to you.

If not applicable, list three school or personal references who are not related to you.

Name & Address	Telephone	Years Known
	()	
	()	
	()	

Section 11 of the Clarion County Employees Policy and Procedures Manual limits employment of relatives within Departments or Offices.

Do you have relatives employed by the county?

Yes No

(If yes, please list name and department below.)

Name	Department

Memberships List professional, trade, business, or civic associations and any offices held.

(Exclude information which would reveal sex, race, religion, national origin, age, color disability or other protected status.)

Organization	Offices Held

Special Accomplishments List special accomplishments, publications, awards.

Other Considerations List any additional information you would like us to consider.

APPLICANT'S STATEMENT

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the county if I should be convicted of a felony while my job application is pending, or during my period of employment, if hired.

I authorize investigation of all statements contained in the application (and accompanying resume, if any). I also authorize the County of Clarion to contact my present and past employers (unless otherwise noted in this application form) and listed references.

I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the County of Clarion with any relevant information and opinion that may be useful to the company in making a hiring decision and I release such persons and organizations from any legal liability in making such statements.

I understand that the employer's acceptance of this application means that I will be considered along with all other applications for the position(s) applied for if such position(s) is open, and that it does not guarantee me an interview or an offer of employment.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, verbal agreement, or by conduct.

I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

I understand that, if applicable for the position for which I am being considered, I will be required to furnish any or all of the following, and that an offer of employment and/or continuation of my employment will be dependent upon these meeting the standards required by the position: child abuse clearance, criminal history clearance, driving history, physical examination.

Should I be hired I agree to abide by all county rules and regulations.

This application for employment shall be considered active for a period of time not to exceed 60 days. I understand that if I wish to continue to be considered for employment after this time I must update my application or complete a new application.

Applicant's Signature

Date