

APPLICATION FOR EMPLOYMENT CLEARFIELD COUNTY GOVERNMENT

AN EQUAL OPPORTUNITY EMPLOYER

SOCIAL SECURITY NUMBER_____ DATE APPLICATION RECEIVED_____

NAME_____
(FIRST) _____ (MI) _____ (LAST) _____

HOME STREET ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

HOME PHONE NUMBER_____ COUNTY OF RESIDENCY_____

WERE YOU PREVIOUSLY EMPLOYED BY US? _____ YES _____ NO

DATE YOU WOULD BE AVAILABLE TO WORK?_____

POSITION(S) DESIRED_____

WHICH OF THE FOLLOWING ARE YOU AVAILABLE TO WORK?

(PLEASE CHECK APPROPRIATE BOXES)

_____ FULL-TIME

FOR OFFICE USE ONLY

_____ PART-TIME

POSITION_____

_____ SHIFT DESIRED

DATE EMPLOYED_____ RATE_____

PLEASE LIST ALL DEGREES, DIPLOMAS, CERTIFICATES AND LICENSE RELEVANT TO THE POSITION DESIRED:

NAME OF SCHOOL	HIGHEST YEAR COMPLETED	DID YOU GRADUATE?
_____	_____	YES _____ NO _____
_____	_____	YES _____ NO _____
_____	_____	YES _____ NO _____

DEGREE
DIPLOMA
CERTIFICATE

MAJOR COURSE
OF STUDY

DRIVERS LICENSE
NUMBER

LICENSING
AUTHORITY/STATE

EXPIRATION
DATE

EMPLOYMENT HISTORY

NAME AND ADDRESS OF
EMPLOYER_____

DATE OF EMPLOYMENT FROM _____ TO _____

SUPERVISORS NAME AND TITLE_____

JOB TITLE AND RESPONSIBILITIES_____

REASON FOR LEAVING_____

MAY WE CONTACT THE EMPLOYER_____ YES_____ NO_____

NAME AND ADDRESS OF
EMPLOYER_____

DATE OF EMPLOYMENT FROM _____ TO _____

SUPERVISORS NAME AND TITLE_____

JOB TITLE AND RESPONSIBILITIES_____

REASON FOR LEAVING_____

MAY WE CONTACT THE EMPLOYER_____ YES_____ NO_____

NAME AND ADDRESS OF
EMPLOYER_____

DATE OF EMPLOYMENT FROM _____ TO _____

SUPERVISORS NAME AND TITLE_____

JOB TITLE AND RESPONSIBILITIES_____

REASON FOR LEAVING_____

MAY WE CONTACT THE EMPLOYER_____ YES_____ NO_____

REFERENCES

PLEASE LIST THREE REFERENCES THAT ARE NOT RELATED TO YOU.

NAME

ADDRESS

OCCUPATION/TITLE

PHONE NUMBER



HUMAN RESOURCES/CCG

230 EAST MARKET STREET
CLEARFIELD, PA 16830

WAIVER OF POTENTIAL LIABILITY

To Whom It May Concern:

_____ is seeking a job with Clearfield County. The County has requested, and received, the names and addresses of potential references from him/her. Because we would like your frank and honest evaluation of _____, an evaluation not subject to self censorship due to concerns about potential legal liability, we have asked _____ to provide, for your protection, this waiver of potential liability. As you can see from the signature below, he/she has done so.

Therefore, would you please provide your honest evaluation. (Attach additional sheets if necessary.)

Please return your evaluation in the enclosed stamped, addressed envelope. Thank you for your time and attention to this matter.

Sincerely,

I am seeking employment with Clearfield County. I provided your name to the County as a possible reference. I authorize you to provide to the County your personal, good faith, assessment of my abilities, skills, work habits, industriousness, and other traits or criteria relevant to employment. In return for your time and effort in providing your good faith, personal opinion, I hereby inform you that I am waiving any right that I might have to bring litigation against you relating in any way whatsoever to the contents of your good faith assessment/evaluation of me as a potential employee of Clearfield County. Please accept any photocopies of this form as an original.

Applicant's Signature

Date