APPLICATION FOR EMPLOYMENT
CLEARFIELD COUNTY GOVERNMENT
SHERIFF'S OFFICE

AN EQUAL OPPORTUNITY EMPLOYER

NOTE: Applicants with current Deputy Sheriff training or current Act 120 Certification will be given preference.

SOCIAL SECURITY NUMBER_____ DATE APPLICATION RECEIVED_____

NAME_____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (SUFFIX)

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?_____

ARE YOU NOW EMPLOYED:_____YES _____ NO

HAVE YOU EVER APPLIED TO CLEARFIELD COUNTY BEFORE?_____YES _____NO WHEN:_____

REFERRED TO SHERIFFS OFFICE BY:_____

WHICH OF THE FOLLOWING ARE YOU AVAILABLE TO WORK?
(PLEASE CHECK APPROPRIATE BOXES)

_____ FULL-TIME

_____ PART-TIME

_____ SHIFT DESIRED

FOR OFFICE USE ONLY

POSITION_____

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

DEGREE DIPLOMA CERTIFICATE	MAJOR COURSE OF STUDY

DRIVERS LICENSE NUMBER	LICENSING AUTHORITY/STATE	EXPIRATION DATE

MILITARY SERVICE:_____ DISCHARGE DATE:_____ TYPE OF DISCHARGE:_____

RANK:_____ ARE YOU PRESENTLY IN THE NATIONAL GUARD _____YES _____NO

EMPLOYMENT HISTORY

FORMER EMPLOYMENT (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH PRESENT)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING

REFERENCES (GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

I have never been convicted of a crime of violence in the Commonwealth of Pennsylvania or elsewhere. I am of sound mind and have never been committed to a mental institution. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I authorize the Sheriff of Clearfield County or his designee to inspect those records or document relevant to the information required for this application.

_____ _____

Signature of Applicant Date

INTERVIEW DATE:_____ **INTERVIEW BY:**_____

COMMENTS:_____