



EMPLOYMENT APPLICATION

County of Cambria

Human Resources Department

401 Candlelight Drive, Suite 239, Ebensburg, PA 15931

Phone: 814.472.1610 - Fax: 814.472.1457

Email: Humanresources@co.cambria.pa.us

www.cambriacountypa.gov

An Equal Opportunity Employer

Minorities are encouraged to apply

Position(s) Desired: _____

PLEASE NOTE: Failure to complete application in its entirety will result in disqualification of consideration for employment. Please double check for completion and accuracy before you submit. If you need a reasonable accommodation to complete the application process, please let the Human Resources Department know.

Today's Date _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Alternate: _____

Email: _____

Are you a U.S. citizen or legally registered alien? Yes No

Cambria County Prison: Are you at least 18 years of age or older? Yes No

Emergency Services applicants: Are you at least 18 years of age or older? Yes No

Work Schedule applied for: Full-time Part-time

Referral Source? (Please check one)

- Friend/Relative Job Board Posting in County Facility
 Newspaper _____ Website _____
 Other _____ Employee (Name) _____

I have been excluded from participation in any Federal or State Healthcare. Yes No

I have been criminally convicted of any crime regarding any Federal or State Healthcare Program. Yes No

I have been criminally convicted of any offense related to financial issues. Yes No

Are you willing to participate in all required pre-employment (conditional offer) testing (based on position) that may include drug testing, fingerprinting, background check?

Yes No

Have you previously worked for the County of Cambria?

Yes No

If "yes", please tell us at which location you were employed, what position you held, and date(s) of employment:

Have you ever been convicted of a crime? "Crime" means all felonies and misdemeanors, including serious driving offenses, e.g. DUI and reckless driving, but does not include minor traffic offenses or other summary offenses.

Yes No

If "yes", please give offense(s) for which convicted, date of conviction and jurisdiction. (Prior conviction will not automatically bar an applicant from employment with the County.)

Do you possess a valid Driver's License?

Yes No

EDUCATION

	SCHOOL NAME	ADDRESS	NUMBER OF YEARS ATTENDED	MAJOR	DEGREE Yes or No
HIGH					<input type="radio"/> Yes <input type="radio"/> No
COLLEGE					<input type="radio"/> Yes <input type="radio"/> No
GRADUATE					<input type="radio"/> Yes <input type="radio"/> No
OTHER					<input type="radio"/> Yes <input type="radio"/> No

List professional organizations you are a member of as well as any certifications you have earned: (Exclude any organization or activity the name or character of which may indicate the race, color, religion, sex/gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, marital status, or any other classification protected by Federal, State, or Local law.)

Do you have knowledge or work experience in: (Check if "yes")

- Calculator Typing/Data Entry Customer Service Microsoft Office Accounting

Other applicable skills _____

Have you been or are you currently a member of the military service?

Yes No

Employment History - (Last 10 Years)
(PLEASE LIST MOST RECENT POSITION FIRST)

May we contact your present employer?

Yes No

Company Name: _____ **Address:** _____
City: _____ **State:** _____ **Phone:** _____ **Contact:** _____
Dates of Employment: From: _____ **To:** _____ **Position:** _____
Nature of work: _____ **Wage/Salary:** _____
Reason for leaving or applying: _____

Company Name: _____ **Address:** _____
City: _____ **State:** _____ **Phone:** _____ **Contact:** _____
Dates of Employment: From: _____ **To:** _____ **Position:** _____
Nature of work: _____ **Wage/Salary:** _____
Reason for leaving or applying: _____

Company Name: _____ **Address:** _____
City: _____ **State:** _____ **Phone:** _____ **Contact:** _____
Dates of Employment: From: _____ **To:** _____ **Position:** _____
Nature of work: _____ **Wage/Salary:** _____
Reason for leaving or applying: _____

Company Name: _____ **Address:** _____
City: _____ **State:** _____ **Phone:** _____ **Contact:** _____
Dates of Employment: From: _____ **To:** _____ **Position:** _____
Nature of work: _____ **Wage/Salary:** _____
Reason for leaving or applying: _____

Company Name: _____ **Address:** _____
City: _____ **State:** _____ **Phone:** _____ **Contact:** _____
Dates of Employment: From: _____ **To:** _____ **Position:** _____
Nature of work: _____ **Wage/Salary:** _____
Reason for leaving or applying: _____

The data set forth on this application is true and complete to the best of my knowledge. I understand that if employed, false statements on this application may result in termination. The County of Cambria is hereby authorized to verify and investigate any and all information contained in this application.

(Signature of Applicant)

(Date)

Work Related References

Reference & Company Name	Phone Number & Email Address	Business Relationship	How Long Have You Known This Person?

**ALL APPLICANTS READ THE FOLLOWING
STATEMENTS CAREFULLY
AND SIGN BELOW**

I hereby certify that all questions are correctly answered and authorize the County to contact my former employers, references and all other sources it sees fit in order to verify facts and information furnished with regard to my character and qualifications. I further understand that the completion of this form does not assure me of a position with the County or obligate the County in any way. I further understand that any misleading statements or incorrect statements may render this application void and, if employed, would be cause for immediate discharge. I understand that if I am not selected for an interview for this position it is my sole responsibility to reapply for any future openings.

(Signature)

(Date)

The County of Cambria recognizes the following protected classes under Federal, State and Local laws: race, color, religion, sex/gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, and marital status. The County of Cambria is committed to providing a workplace free of discrimination and/or harassment.

The County of Cambria is an Equal Opportunity Employer
E.O.E
Minorities are encouraged to apply

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**VOLUNTARY SELF-IDENTIFICATION
DATA SHEET**

The County of Cambria is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, marital status, or any other classification protected by Federal, State or Local law. The information below will be used only in the compilation of data for Affirmative Action and Program Review reporting.

Completion of this data is voluntary. This information will be kept confidential and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This document is **NOT** a part of the official County of Cambria Employment Application, but we ask you return this page with your application, whether completed in full, in part or left blank. The data sheet will be stored and reviewed apart from the Application and all other documents associated with employment selection.

Name: _____ Date: _____

Gender: MALE FEMALE

POSITION(S) APPLYING FOR: _____

RACE OR ETHNIC IDENTITY:

(Please check one of the descriptions below corresponding to the race or ethnic group with which you most identify.)

- AMERICAN INDIAN or ALASKAN NATIVE** -All persons having origins in any of the original peoples of America.
- ASIAN or PACIFIC ISLANDER**-All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK or AFRICAN AMERICAN** (not of Hispanic origin)-All persons having origins in any of the Black racial groups.
- HISPANIC**-All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.
- WHITE** (not of Hispanic origin)-All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

REMINDER – Your opportunities for employment will NOT be affected by your decision whether or not to complete this data sheet.



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**VOLUNTARY SELF-IDENTIFICATION
HANDICAP AND VETERAN CATEGORY
DATA SHEET**

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Name: _____ Date: _____

Gender: MALE FEMALE

POSITION(S) APPLYING FOR: _____

VETERAN STATUS:

(Please check one or more of the descriptions below corresponding to the appropriate category (ies).)

- A QUALIFIED HANDICAPPED INDIVIDUAL** who (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment, and (4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.
- A QUALIFIED DISABLED VETERAN** (1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or (2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and (3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- A VIETNAM ERA VETERAN** (1) a person who a.) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b.) was released from such active duty for a service-connected disability, and (2) person who was discharged/released within 48 months prior to an alleged violation of the Act and/or the regulation issued thereunder on July 26, 1976.

I am _____ handicapped; _____ a disabled Veteran; _____ a Vietnam Era Veteran and would like to be included in your Affirmative Action Program.

My handicap/disability is: _____

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In conjunction with the current Cambria County Policy titled, "Employment of Relatives" adopted by the Board of Commissioners on March 26, 2010, please complete the following questions:

Do you have any relatives (see list below) working for the County? Yes No

If, "yes", please check the relationship below and specify their name and department.

NAME AND DEPARTMENT

- Spouse _____
- Father _____
- Mother _____
- Brother _____
- Sister _____
- Son _____
- Daughter _____
- Niece _____
- Nephew _____
- Aunt _____
- Uncle _____

*The terms "Grand", "Step", and "In-Law" also apply.

All applicants are asked to complete this form disclosing any family relationship with any employee of Cambria County. This policy is not to be interpreted as preventing an applicant from being hired. Each case will be decided on its individual circumstances.

Please complete the following form ONLY
if applying for a position with the Cambria County Prison

CAMBRIA COUNTY PRISON

PENNSYLVANIA RESIDENCY AND CRIMINAL HISTORY RECORD INFORMATION VERIFICATION

_____, Applicant, has been a resident (without interruption) of Pennsylvania for the past _____ years. I, _____, Applicant, verify that the Statements made in this verification and application are true and correct. I understand that false statements could prevent my employment with the Cambria County Prison. I understand that the number of years as a Pennsylvania resident is needed for an accurate Criminal History Record report.

DATE OF BIRTH _____

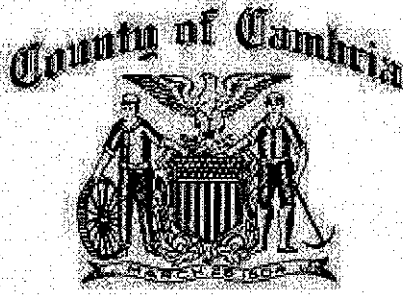
SOCIAL SECURITY NUMBER _____

COMMENTS _____

(Applicant Signature)

(Date)

COMMISSIONERS
THOMAS C. CHERNISKY
PRESIDENT
B. J. SMITH
SCOTT W. HUNT



Gina M. Sowers
Director of Human Resources

Office of Human Resources

Human Services Building
401 Candlelight Drive, Suite 239
Ebensburg, PA 15931
Telephone: (814) 472-1610
Fax: (814) 472-1457 (Payroll-Related Items)
Fax: (814) 472-2127 (All Other Correspondences)

COUNTY OF CAMBRIA

BACKGROUND RELEASE STATEMENT

To be considered for employment, the County of Cambria is required to verify your identity, past record of employment, educational background and professional licensure, if applicable.

We may be contacting your past or present employers to verify your three professional references.

I, authorize, the County of Cambria to make reasonable and proper inquiry regarding my background information. I understand that any employment or reference letters provided to Cambria County are confidential and cannot be released to me.

Print Name

Date

Signature

Sex

Race

Social Security Number

Date of Birth