



ALLEGHENY COUNTY EMPLOYMENT APPLICATION  
AN EQUAL OPPORTUNITY EMPLOYER\*

PLEASE TYPE OR PRINT IN INK

POSITION \_\_\_\_\_ DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number & Street City State Zip

County \_\_\_\_\_

Borough/Township \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Other Telephone ( ) \_\_\_\_\_

Do you have a legal right to work in the United States? Yes  No

Which of the following are you able to work (check all that apply)

Full time  Part Time  Temporary  Overtime  Shifts  Rotation  Seasonal

Note: Acceptance of part time or temporary employment does not imply eventual full time status

EDUCATION

	Name and Location	Graduate Yes/No	Diploma/Degree/ Certification/ No. of Credits	Course/ Major
High School				
College/University				
Business/Trade/ Technical				
Nursing/Medical				
Graduate Work or Other (Incl. Military)				

Describe any relevant or required licenses or certifications (Include issuer, identification number, expiration date, etc.)

Provide copy if required \_\_\_\_\_

\*Allegheny County does not discriminate because of age, race, color, religion, gender, national origin, or disability

**List names of all relatives who are currently working for Allegheny County**

Name	Relationship	Department
_____	_____	_____
_____	_____	_____

**Are you currently employed or have you ever been employed by Allegheny County?**      Yes  No

If yes, Position Title \_\_\_\_\_ Department \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Are you currently employed by any other governmental unit, such as school district, borough, Housing Authority, etc.?**

Yes  No  If yes, explain \_\_\_\_\_

**Are you currently holding any public office?**      Yes  No

If yes, explain \_\_\_\_\_

**Have you ever been convicted of a felony or serious misdemeanor?**      Yes  No

If yes, explain: \_\_\_\_\_

*A yes answer will not necessarily disqualify you from consideration for this position.*

**Have you ever been bonded? If yes, for what job(s)?** \_\_\_\_\_

Did you serve in the Armed Forces of the United States?     Yes     No  
 If yes, and you wish to apply for Veteran's Preference, you must submit with your application a copy of your DD214 or other official documentation which shows branch of service, dates of service, separation date, and type of discharge.

**REFERENCES**

Name (Other than Relative or Employer)	Address	Phone Number	Occupation

EMPLOYMENT – Start with Present or Most Recent Employer

1) Time Employed (Mo/ Yr.) From:            To:	Employer's COMPLETE Name	
Type of Business	Employer's COMPLETE Address	
Position Title and Duties (Describe in Detail)		
		Salary:   Starting      Final
Supervisor's Name & Title	Phone Number	Reason for Leaving
2) Time Employed (Mo/ Yr.) From:            To:	Employer's COMPLETE Name	
Type of Business	Employer's COMPLETE Address	
Position Title and Duties (Describe in Detail)		
		Salary:   Starting      Final
Supervisor's Name & Title	Phone Number	Reason for Leaving
3) Time Employed (Mo/ Yr.) From:            To:	Employer's COMPLETE Name	
Type of Business	Employer's COMPLETE Address	
Position Title and Duties (Describe in Detail)		
		Salary:   Starting      Final
Supervisor's Name & Title	Phone Number	Reason for Leaving

**Include additional sheets if necessary**

**CERTIFICATION**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements of this application shall be considered sufficient cause for dismissal. You are hereby authorized to make investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*\*NOTE: The provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.*

<p>How did you hear about this position?</p> <p><input type="checkbox"/> County Website      <input type="checkbox"/> Newspaper: _____</p> <p><input type="checkbox"/> Career Fair            <input type="checkbox"/> Other: _____</p>
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**ALLEGHENY COUNTY  
DEPARTMENT OF HUMAN RESOURCES**

**PERMISSION TO INVESTIGATE**

To Whom It May Concern:

I have made application for a position with Allegheny County, Pennsylvania. I do hereby authorize the Allegheny County, Department of Human Resources to conduct an investigation into all phases and aspects of my character and background as they may relate to the position for which I am applying.

Further, I waive my rights to privacy and release all individuals and organizations from any and all liability relative to this investigation, and hereby permit the release of all records and information as they may relate to the position for which I am applying.

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Date

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Signature of Applicant

**ADDITIONAL APPLICATION FORM**

This additional form is an important part of your application. Please fill it out completely.

The information requested on this form is needed for statistical purposes and will be used in accordance with federal, state, and local regulations. This form will be processed separately from your application and will be maintained by the Department of Human Resources. ***It will not be sent to the hiring department.*** Completion of this form is voluntary.

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:

Male

Female

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Race:

Black

American Indian or  
Alaskan Native

Hispanic

White

Asian or Pacific Islander

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If you require assistance or an accommodation during the selection process due to a disability, please call the Department of Human Resources at (412) 350-6830.