

**MONTGOMERY COUNTY
BOARD OF COMMISSIONERS**

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HUMAN RESOURCES

MONTGOMERY COUNTY COURTHOUSE • PO Box 311
NORRISTOWN, PA 19404-0311
610-278-3052
FAX: 610-292-2160
WWW.MONTCOPA.ORG

Date _____

EMPLOYMENT APPLICATION

Please Type or Print

**Please read all four (4) pages of this application and complete fully. An incomplete application will be returned to you.
The ORIGINAL Application MUST be returned to Human Resources.**

Name _____
(Last) (First) (Initial)

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

Telephone number (including area code): _____ **ONLY** if under the age of 18, state your date of birth: _____

E-mail Address: _____

Type of employment wanted: Full-time Part-time Temporary Summer Shift _____

Date available to start if hired: _____

Position(s) _____ Salary Expected: \$ _____
applied _____ Salary Expected: \$ _____
for _____ Salary Expected: \$ _____

Have you ever been employed by Montgomery County? Yes No When _____ Department _____

Can you assure a reliable means of transportation to get to work? (If position requires) Yes No

Do you have a valid PA Driver's License? Yes No Class of License: _____

Are you related to anyone who works for the County? Yes No **(If yes, complete the following):**

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Please list below any skills, qualifications or experiences, which you feel would especially fit you for work with the County:

How did you learn of the position(s) for which you are applying? _____

Montgomery County complies with the Civil Rights Act of 1964 prohibiting discrimination in employment practice because of race, color, religion, sex or national origin; PL 90-202 prohibiting discrimination because of age, and the Americans with Disabilities Act of 1992, prohibiting discrimination against the handicapped in employment or the provision of services. Further, the County complies with all applicable provisions of the Pennsylvania Criminal History Record Information Act.

It is the policy of Montgomery County to prohibit discrimination and harassment of any type and to afford equal employment opportunities to current employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, genetic information, veteran status, marital status, sexual orientation, gender identity or expression, pregnancy or political affiliations.

Montgomery County is an equal opportunity employer

If you need help to fill out this application form or during any phase of the application, interview, or employment process, please contact Human Resources or the Hiring Manager of the department.

MILITARY RECORD

If you served in the U.S. Armed Forces, please list your dates of active service: From _____ to _____

Were you honorably discharged? Yes No **A copy of your DD Form 214 must be attached.**

Branch of Service (please check appropriate box): Army Navy Marines Air Force Coast Guard

RECORD OF EDUCATION

If you are applying for a position, which **requires** a degree, you must attach proof of your educational background to this application. If hired this proof will become a permanent part of your personnel file.

SCHOOLS ATTENDED	Circle Highest (years) Completed	Name and Address	Earned Diploma / Degree?	Your major / Area of concentration
High School	1 2 3 4			
College/ University	1 2 3 4			
Graduate School	1 2 3 4			
Other	1 2 3 4			

BUSINESS REFERENCES (not relatives)

Please list below three (3) business references, whom we may contact.

Name: _____ Position/Title: _____ Telephone Number: [_____] _____
(Area Code) Phone
Company Name: _____
Company Address: _____

Name: _____ Position/Title: _____ Telephone Number: [_____] _____
(Area Code) Phone
Company Name: _____
Company Address: _____

Name: _____ Position/Title: _____ Telephone Number: [_____] _____
(Area Code) Phone
Company Name: _____
Company Address: _____

EMPLOYMENT RECORD

Please provide your employment record, below, **beginning with your current or most recent employer.**

Employer's Name:	Address:	Supervisor's Name:	May we contact? Yes No If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:		
Job Title:	Description of Duties:		

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Starting Date: Leaving Date:	Reason for leaving:		
Job Title:	Description of Duties:		

Since many of the vacant positions for which you may be considered are in the Court System or deal with children (directly or indirectly) we are advising that you may have to undergo a criminal background investigation. Therefore, we request that you read the following and acknowledge by signing in the appropriate space.

For certain positions within the County, a criminal background check or clearances will be required during the evaluation process as a condition of employment. It is the goal of Montgomery County to hire from a broadly diverse pool of qualified applicants, including where appropriate and permitted by law, individuals with a history of criminal convictions. As such, applicants with a criminal background will not be automatically excluded from consideration for hire with the County.

RELEASE OF CONFIDENTIAL INFORMATION

I hereby give my permission to release to the Human Resources Office of the County of Montgomery, Pennsylvania, any records of criminal conviction, any past employment records including performance evaluations, time and attendance records and any other personnel records and written or verbal references for the County's review and evaluation with regard to my application for employment with the said County of Montgomery.

(Date) _____
(Signature of Applicant)

Because of the sensitivity of some County government positions, the following must be acknowledged:

I hereby acknowledge that if I am employed by Montgomery County in:

- a) any Court- related or Court-appointed department
- b) the County Health Department

I am required by law to refrain from all political activity. Such activity includes, but is not limited to, running for public office, serving as a political party committee person, working at a polling place on Election Day, performing volunteer or paid work in a political campaign, soliciting political contributions, being a delegate at a political convention and circulating political nominating petitions.

I certify that I have read and understand these prohibitions regarding political activity and promise to obey said restrictions if employed in an applicable department. I further understand that failure to comply will result in my dismissal from County employment and/or forms of disciplinary action.

(Date) _____
(Signature of Applicant)

I certify that the statements made on this application for employment are true and correct, to the best of my knowledge and I hereby grant permission for the authorities of the County of Montgomery to investigate and verify the information contained herein and my references and release the County of Montgomery and all previous employers from any and all liability resulting from such investigation. Upon my separation from the County of Montgomery, I authorize the release of reference information on my work.

I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds for rejection of my application or my dismissal in the event of my employment by the County of Montgomery. I understand that my employment with the County of Montgomery is contingent upon the satisfactory recommendation from former employers and references if requested.

I understand that this application for employment and any other Montgomery County documents are not contracts of employment. I also understand that employment at the County of Montgomery is an "at will" arrangement and as such any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the County of Montgomery at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective employee.

Any benefits that I receive as an employee of the County may change or may be terminated at any time subject to existing federal laws and/or bargaining agreements if applicable.

(Date) _____
(Signature of Applicant)

FOR HUMAN RESOURCES' USE ONLY

Date application was logged in: _____

Application logged in by: _____

Voluntary EEO Form

Montgomery County values all forms of diversity. The data you provide is used solely for research and statistical purposes, which are required by the federal and state government for any government entity that receives grant funding. Submission of this information is strictly voluntary and refusal to answer will not subject you to any adverse treatment or disqualify you from the application process.

Race/Ethnic Category: Please Check One

Race/Ethnic designations as used by the Equal opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this information-gathering tool, applicants should select the group(s) with which they identify. The following definitions are as offered by the federal government.

White (not of Hispanic origin): All persons having origins in any of the original peoples Europe, North Africa or the Middle East.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons having origins in Mexico, Puerto Rico, Cuba, Central or South America or other Spanish speaking culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Sex

Male Female

Preferred Pronouns

He/Him She/Her Other _____

Veteran

Yes No

Voluntary Self-Identification of Disability

How do I know if I have a disability?

The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability.

Please check one:

Yes, have a disability, or have a history/record of having a disability.

No, I do not have a disability, or a history/record of having a disability.

I do not wish to answer.

We appreciate your participation.

By checking this box, I choose not to disclose the requested voluntary information.