

**COMMISSIONERS**

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**MONTGOMERY COUNTY  
CORRECTIONAL FACILITY**

60 Eagleville Road  
Eagleville, Pennsylvania 19403-1400  
(610) 635-7100  
Fax (610) 631-5693  
**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: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ **If not, can you furnish proof of Visa or Immigration Status?** Yes \_\_\_ No \_\_\_

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? No \_\_\_ Yes \_\_\_ When \_\_\_\_\_ Department \_\_\_\_\_

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

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

Are you related to anyone who works for the County? No \_\_\_ Yes \_\_\_ **(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.

**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? No \_\_\_ Yes \_\_\_ **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)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Telephone Number: [\_\_\_\_\_] \_\_\_\_\_  
(Area Code)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Telephone Number: [\_\_\_\_\_] \_\_\_\_\_  
(Area Code)

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: | <b>May we contact? No ☐ Yes ☐</b><br>If yes, Phone# (including area code) |
| Starting Date:<br>Leaving Date: | Reason for leaving:           | Starting Salary:   | Leaving Salary:   |
| Job Title:                      | <b>Description of Duties:</b> |                    |   |
|                                 |                               |                    |   |

|                                 |                               |                    |   |
|---------------------------------|-------------------------------|--------------------|---|
| Employer's Name:                | Address:                      | Supervisor's Name: | <b>May we contact? No ☐ Yes ☐</b><br>If yes, Phone# (including area code) |
| Starting Date:<br>Leaving Date: | Reason for leaving:           | Starting Salary:   | Leaving Salary:   |
| Job Title:                      | <b>Description of Duties:</b> |                    |   |
|                                 |                               |                    |   |

|                                 |                               |                    |   |
|---------------------------------|-------------------------------|--------------------|---|
| Employer's Name:                | Address:                      | Supervisor's Name: | <b>May we contact? No ☐ Yes ☐</b><br>If yes, Phone# (including area code) |
| Starting Date:<br>Leaving Date: | Reason for leaving:           | Starting Salary:   | Leaving Salary:   |
| Job Title:                      | <b>Description of Duties:</b> |                    |   |
|                                 |                               |                    |   |

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.

**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)

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)

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**FOR HUMAN RESOURCES= USE ONLY**

Date application was logged in: \_\_\_\_\_

Application logged in by: \_\_\_\_\_

## **Permission to Perform Background Check**

I hereby give the Montgomery County Correctional Facility the right to make a thorough investigation of my background including:

- Criminal Record • Driving Record • Personal References
- Past Employment/Volunteer Status
- Educational/Professional Status

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless the County of Montgomery from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability of the described position and such other information, as they deem appropriate.

This agency will not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
3. Has been civilly or administratively adjudicated to have engaged in the activity described in #2 of this section.

I attest that I have not engaged in any of the activities listed above.

Printed Name: \_\_\_\_\_  
  (Last)  (First)  (Initial)

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State Issued: \_\_\_\_\_

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