



# WAYNE COUNTY, PA

## Application for Employment

HUMAN RESOURCES, 925 COURT ST., HONESDALE, PA 18431

Phone: 570-253-5970 Fax: 570-253-5432

WAYNE COUNTY, PA IS AN EQUAL OPPORTUNITY EMPLOYER. ALL PEOPLE HAVE THE RIGHT TO BE TREATED WITH EQUAL DIGNITY AND JUDGED AS INDIVIDUALS, WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, RELIGION, HANDICAP, ANCESTRY, DISABILITY, SEX, OR OTHER SEXUAL ORIENTATION OR ANY OTHER PROTECTED CATEGORY AS DEFINED IN FEDERAL, STATE OR LOCAL LAWS. ANSWERS TO APPLICATION QUESTIONS WILL BE UTILIZED FOR APPLICABLE, JOB RELATED INFORMATION ONLY.

**PLEASE PRINT OR TYPE LEGIBLY.**

DATE OF APPLICATION: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Seeking: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Other \_\_\_\_\_ Date Available: \_\_\_\_\_

Referral Source: Advertisement (Please Specify) \_\_\_\_\_ County Website \_\_\_\_\_ Friend \_\_\_\_\_

Have you ever been employed by Wayne County? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, date \_\_\_\_\_

Are you related to a Wayne County employee or is any member of your immediate household currently by Wayne County?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please give their name, their relationship to you, and their employing department. \_\_\_\_\_

Were you referred by a current employee? \_\_\_\_\_ If so, who referred you? \_\_\_\_\_

Applicant's Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number, Street Name) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_  
(Home) (Cell)

Email Address: \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are offered and accept a job, can you submit proof of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Pennsylvania Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been excluded or debarred from participating as a provider in any programs paid by Medicare, Medicaid, or other Health Care Provider? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please explain.

### Criminal Convictions

IF YOU ANSWER "YES" TO THE FOLLOWING QUESTION, provide details below. Other factors will be taken into account such as the nature of the offense, the time that has passed since the conviction and the type of job being sought. Further, this information will be used only for job related purposes and only to the extent permitted by applicable law. With respect to all of the below questions, please exclude (i) minor traffic offenses, (ii) convictions which have been sealed, impounded, erased, expunged, annulled, and (iii) youthful offender adjudications.

Have you ever been convicted of or pleaded guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above criminal history inquiry, please describe each applicable arrest, conviction, plea or indictment, including: charge, city, county, and state of occurrence.



# Education History

SCHOOL NAME & ADDRESS	# OF YEARS ATTENDED	GRADUATE? (Y or N)	MAJOR & MINOR COURSES OF STUDY

List trade or professional organizations of which you are a member, including offices held (you may exclude those that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status).

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Please list any additional special skills, education, training and/or qualifications acquired from employment or other experiences that may qualify you for the position applied for.

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\*Please note: You may also attach copies of documents or certificates which support your application. All materials submitted become the property of Wayne County and will not be returned.

## References

Please list Name, Address and Phone Number of at least three (3) business/work references who are NOT related to you and have knowledge of your work ethic, experience, and ability.

Name: _____ Phone Number: _____ Address: _____ Job Title _____ Years Known _____
Name: _____ Phone Number: _____ Address: _____ Job Title _____ Years Known _____
Name: _____ Phone Number: _____ Address: _____ Job Title _____ Years Known _____

# Disclaimer and Signature

The information set forth on my application is true and complete. I understand that if employed, any false statement, misrepresentation or material omission of information on this application may result in dismissal or may result in my failure to receive an offer of employment. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to hire me. Wayne County is an AT-WILL employer, meaning that either the employer or the employee can end the employment relationship at any time and for any or no reason.

I authorize you to confirm any of the information provided, obtain employment references and personal history, and obtain a consumer report, which may include a criminal history background check. Other Federal, State or local government agencies, former employers and former schools may also be contacted. I also authorize you to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to you as well as from the use or disclosure to you.

Wayne County or its agents may seek to verify the information on this application. As such, I hereby authorize Wayne County or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to Wayne County on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Wayne County in the position that I am seeking.

Any offer of employment is contingent upon my providing documentation to verify a legal right to work in the United States.

**CLEARANCES (Child Abuse, Federal Fingerprint, PA Criminal Record)** – Where applicable, I swear and affirm in writing that I am not disqualified from employment pursuant to the grounds for denying employment in 6344 (c) or have not been convicted of an offense of a similar nature to those crimes under the laws of the United States, or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this commonwealth.

Please list all names or variations of names, first and/or last (such as an assumed name, nickname, maiden/married name etc.) for verification purposes only.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name, Printed

\_\_\_\_\_  
Address

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## FOR HUMAN RESOURCES USE ONLY

Date Application Received:

Date Application Was Logged In: \_\_\_\_\_

Application Was Logged In By (Initial Here): \_\_\_\_\_