

**Franklin County
Employment Application**



Franklin County is an Equal Opportunity employer and provides advancement opportunities to everyone. Our Employment practices are not influenced or affected by race, color, religion, sex, national origin, age, disability, veteran's status, or any other categories protected by law.

Please print clearly in ink. If you need assistance in completing this application, please let us know so we may provide reasonable accommodations.

**Mailing Address: 272 North Second Street
Chambersburg, PA 17201
Phone: 717-261-3150 Fax: 717-261-3156**

Today's Date _____

Position(s) Applied For:							
Referral Source		Walk-In		Website (Specify)		Employee (Name)	
		Job Hotline		Advertisement (Specify)		Other (Specify)	
Salary Requirements:							
Please check the shift(s) you are interested in:			Full Time		Part Time		Rotation (all shifts)
			Nights		Temporary		Weekends
PERSONAL DATA							
Name:							
Address:				Driver's License Number:			
City:				State:		Zip Code:	
Phone Numbers		Home:		Work:		Cell:	
Are you a U.S. citizen or legally registered alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously worked or volunteered for the County of Franklin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give position(s) and dates: _____ Do you have any relatives employed by the County of Franklin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ _____							
If applying for a position involving operation of a motor vehicle, do you hold a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicants for positions involving the operation of a motor vehicle will be required to submit to a Motor Vehicle Record Report.							
REFERENCES:							
Please provide names of three individuals, other than relatives, who we may contact as references.							
		Name		Address		Phone No.	
						Occupation	
1		_____		_____		_____	
2		_____		_____		_____	
3		_____		_____		_____	
Have you ever been convicted of a crime? "Crime" means all felonies and misdemeanors, including serious driving offenses, e.g. DWI/DUI and reckless driving, but does not include minor traffic offenses or other summary offenses. <input type="checkbox"/> Yes <input type="checkbox"/> 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.)							

**FRANKLIN COUNTY
Employment Application**

EDUCATION		
Indicate highest grade completed	Grade School: (1-8)	High School: (9-12) or GED
Name of College(s) or University	Major	Degree & Year Completed
Name of Trade/Technical/Business or Other School(s) Attended	Course of Study	Diploma & Year
List License(s) (date & number), certificate(s), and/or professional registration(s) and (date):		
List Honors, Awards, Fellowships:		
ARMED SERVICES		
Have you been or are you currently a member of the military service: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Branch:	Rank:	
Job title and duties:		
SKILLS and ABILITIES (as related to position applied for):		
Summarize Community Services work (Paid or volunteer) including dates (as related to position applied for):		
Summarize Leadership roles:		

Franklin County Employment Application

All applicants are required to provide information regarding all of their past employers.
If necessary, attach an additional page to the back of the application.

EMPLOYMENT HISTORY			
Current or most recent employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates →	From:	To:	
Supervisor's name/title/telephone number:			
Starting Salary:	Present/Ending Salary:	Hours per week:	
Duties Performed:			
Reason for leaving or wanting to change:			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates →	From:	To:	
Supervisor's name/title/telephone number:			
Starting Salary:	Present/Ending Salary:	Hours per week:	
Duties Performed:			
Reason for leaving or wanting to change:			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates →	From:	To:	
Supervisor's name/title/telephone number:			
Starting Salary:	Present/Ending Salary:	Hours per week:	
Duties Performed:			
Reason for leaving or wanting to change:			

Franklin County

Employment

All applicants are required to provide information regarding all of their past employers.

If necessary, attach an additional page to the back of the application.

EMPLOYMENT HISTORY		
Employer		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment Dates →	From:	To:
Supervisor's name/title/telephone number:		
Starting Salary:	Present/Ending Salary:	Hours per week:
Duties Performed:		
Reason for leaving or wanting to change:		

Employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment Dates →	From:	To:
Supervisor's name/title/telephone number:		
Starting Salary:	Present/Ending Salary:	Hours per week:
Duties Performed:		
Reason for leaving or wanting to change:		

I understand that my signature below indicates that all of the information contained in this Application and any attachments submitted to Franklin County is true, correct and complete to the best of my knowledge. My signature also acknowledges that any omission or false statements on the Application and/or attached statement may result in rejection of my Application or dismissal should I be employed by Franklin County.

I hereby authorize Franklin County to complete a Criminal Background check and thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further authorize my current and former employers to disclose to Franklin County any and all personnel records and such other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Franklin County, and any and all current and former employers, from any claims, demands or liability arising out of or in any way related to such investigation or disclosure.

I consent to take a pre-employment examination and/or drug test and such future physical examinations and/or drug tests, as may be required and are consistent with business necessity, by this institution/department at such times and places as the institution/department shall designate. If my employment involves the operation of a motor vehicle, I consent to the County requesting a copy of my motor vehicle record.

I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between myself and Franklin County. If any employment relationship is established, I understand that I have the right to terminate my employment at any time and that Franklin County retains a similar right, subject to any applicable collective bargaining agreement.

My signature certifies that I have read and agree with the above statements and that the information in the application is true, correct and complete.

Signature of Applicant

Date