



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 _____ E-mail _____

Home Telephone _____ Other Telephone _____

Do you have a legal right to work in the United States? Yes ☐ No ☐
(If offered employment, you will be required to provide documentation to verify authorization to work in the United States).

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/ GED/Certification No. of Credits	Course/Major
High School				
College/University				
Business/Trade/ Technical				
Nursing/Medical				
Graduate Work or Other (Incl. Military)				

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

*Allegheny County does not discriminate against anyone on the basis of a protected class including: race; color; religion; national origin; sex; gender identity or expression; sexual orientation; disability; age; or any other basis protected by federal, state or local law.

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 a 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)? _____

Veterans' Preference: If you have served in the Armed Forces of the United States and you wish to apply for Veterans' 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.

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EMPLOYMENT – Start with Present or Most Recent Employer. Include additional sheets if necessary.

(Month/Year) From: To:	Employer's COMPLETE Name	
Business Type	Employer's COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>		
Position Title and Duties (Describe in detail.)		
		Salary: Starting Final
Supervisor's Name & Title	Supervisor's Phone Number	Reason for Leaving
(Month/Year) From: To:	Employer's COMPLETE Name	
Business Type	Employer's COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>		
Position Title and Duties (Describe in detail.)		
		Salary: Starting Final
Supervisor's Name & Title	Supervisor's Phone Number	Reason for Leaving
(Month/Year) From: To:	Employer's COMPLETE Name	
Business Type	Employer's COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>		
Position Title and Duties (Describe in detail.)		
		Salary: Starting Final
Supervisor's Name & Title	Supervisor's Phone Number	Reason for Leaving

CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, information and belief. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE _____

DATE _____

How did you hear about this position?

- ☐ County Website ☐ Job Fair _____ ☐ Newspaper _____
☐ County Employee ☐ College/University/Business or other school _____
☐ CareerLink ☐ Monster.com _____
☐ Other: (Please specify.) _____

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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

Race:

☐ Black

☐ American Indian or
Alaskan Native

☐ Hispanic

☐ White

☐ Asian or Pacific Islander

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.