

MONROE COUNTY PENNSYLVANIA



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

MONROE COUNTY, PA CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, CREED, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF ANY DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. EQUAL OPPORTUNITY EMPLOYER, M/F/H/V.

PLEASE PRINT OR WRITE LEGIBLY

Date of Application: _____

Position(s) Applied For: _____

Employment Type (check all that apply):

☐ Full-time ☐ Part-time ☐ Temporary/Seasonal

Date Available for Work: _____

Have you ever been employed by Monroe County? ☐ YES ☐ NO If yes, when? _____

PERSONAL INFORMATION

First Name

Last Name

MI

Street Address

City

State

Zip Code

Phone Number (include area code)

Email Address

Are you under the age of 18 years old?

☐ Yes ☐ No

Are you legally authorized to work in the U.S.?

☐ Yes ☐ No

Are you a Veteran of the U.S. Military?

☐ Yes ☐ No

Branch: _____

Are you willing to travel for work if required?

☐ Yes ☐ No

Do you have reliable transportation to and from work?

☐ Yes ☐ No

Are you capable of performing the essential functions of the jobs(s) for which you are applying for?
(Either with or without reasonable accommodation)

☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor?

(Such convictions will be considered based on their relevance to the job and may not automatically disqualify you from employment.)

☐ Yes

☐ No

If yes, please provide details (Including dates):

EMPLOYMENT HISTORY

List your employment history for the past 10 years, starting with your most recent job.

All fields must be fully completed—**do not** write "see resume"

A resume may be included, but only to detail key responsibilities. Attach additional pages if needed.

1	Employer: _____	Job Title: _____	
	City/State: _____	Dates Employed From: _____ To _____	
	Supervisor Name: _____	Phone Number: _____	
	Reason for leaving: _____	May we contact this employer? [] Yes [] No	
	Key Responsibilities: _____		
2	Employer: _____	Job Title: _____	
	City/State: _____	Dates Employed From: _____ To _____	
	Supervisor Name: _____	Phone Number: _____	
	Reason for leaving: _____	May we contact this employer? [] Yes [] No	
	Key Responsibilities: _____		
3	Employer: _____	Job Title: _____	
	City/State: _____	Dates Employed From: _____ To _____	
	Supervisor Name: _____	Phone Number: _____	
	Reason for leaving: _____	May we contact this employer? [] Yes [] No	
	Key Responsibilities: _____		
4	Employer: _____	Job Title: _____	
	City/State: _____	Dates Employed From: _____ To _____	
	Supervisor Name: _____	Phone Number: _____	
	Reason for leaving: _____	May we contact this employer? [] Yes [] No	
	Key Responsibilities: _____		

EDUCATION & TRAINING

For each level of education, please provide the details requested below

High School/GED: _____	City/State: _____
Years Attended From: _____ To _____	Did you graduate? [] Yes [] No
College/University: _____	City/State: _____
Years Attended From: _____ To _____	Did you graduate? [] Yes [] No
Degree or Certification Earned: _____	
Grad. School (or 2nd College/Univ.): _____	City/State: _____
Years Attended From: _____ To _____	Did you graduate? [] Yes [] No
Degree or Certification Earned: _____	
Other Education or Training: _____	City/State: _____
Years Attended From: _____ To _____	Did you graduate? [] Yes [] No
Degree or Certification Earned: _____	

SKILLS & QUALIFICATIONS

Please list any skills, certifications, or qualifications relevant to the position(s) you are applying for below

List any trade or professional organizations to which you belong and any offices held. You may exclude any that indicates your race, religion, national origin, age, disability, or other protected status:	
Organization: _____	Office Held (If any): _____
Organization: _____	Office Held (If any): _____

REFERENCES

Provide three professional or personal references (not related to you)

_____ Name	_____ Relationship
_____ Phone Number	_____ Email Address (Optional)
_____ Name	_____ Relationship
_____ Phone Number	_____ Email Address (Optional)
_____ Name	_____ Relationship
_____ Phone Number	_____ Email Address (Optional)

APPLICANT'S STATEMENT

I understand the County of Monroe requires a criminal background check prior to commencing any work if I should accept an offer of employment for any County opening in which I may be considered. I further understand if a job offer is made, employment may be contingent upon the successful completion and passage of a medical exam.

I authorize a thorough investigation of all statements contained in this application (and accompanying resume, if any). I also authorize Monroe County to contact my present employer (unless otherwise noted in this application form), past employers, educational institutions and any or all references listed without giving me prior notice of such disclosure. I hereby release the County of Monroe and their representatives from any and all liabilities arising out of or in any way related to such investigation or disclosure.

I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide Monroe County with relevant information and opinion (including, but not limited to Personnel file materials, disciplinary materials and performance evaluations) that may be useful to Monroe County in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand that neither this document nor any offer of employment from Monroe County constitute an employment contract. I also understand that if I am hired, either Monroe County or I may terminate my employment with Monroe County at will for any or no reason, at any time.

I understand that if my employment is terminated by Monroe County for dishonesty, breach of trust, or any criminal acts, the authorities may be notified, and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with Monroe County.

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may result in my dismissal from employment, if discovered at a later date. I agree to immediately notify Monroe County if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my employment with Monroe County, if hired.

My typed name has the same force and effect as my written signature.

Signature of Applicant

Date

This application for employment will remain active for six (6) months and will be retained on file for two (2) years.

Submission Instructions

Please submit this application along with your resume and any supporting documents to:

Monroe County HR Department

Email: HR@Monroecountypa.gov

Mail: 1 Quaker Plaza, Suite 202, Stroudsburg, PA 18360