

COMMISSIONERS
JAMES R. MATTHEWS
Chairman
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COUNTY OF MONTGOMERY
HUMAN RESOURCES
Court House, P.O. Box 311
Norristown, Pennsylvania 19404-0311
(610) 278-3052

www.montcopa.org

Eleanor Schneider
Human Resources Director

EMPLOYMENT APPLICATION
Please Type or Print

Date _____

**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 _____ S/S # _____
(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: _____

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: _____

Person to be notified
In case of emergency _____
(Name) (Address) (Phone #) (Relationship)

Have you ever been convicted of a crime (excluding minor traffic violations)? No _____ Yes _____ (If yes, please explain below):

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.

Note: It is a condition of employment, that you MUST enroll in direct deposit for your pay, as well as, for reimbursement of any approved work-related expenses.

MILITARY RECORD

If you served in the U.S. Armed Forces, please list your dates of active service: From _____ 19__ to _____ 19__

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:	May we contact? No ☒ Yes ☒ If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:	Starting Salary:	Leaving Salary:
Job Title:	Description of Duties:		

Employer's Name:	Address:	Supervisor's Name:	May we contact? No ☒ Yes ☒ If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:	Starting Salary:	Leaving Salary:
Job Title:	Description of Duties:		

Employer's Name:	Address:	Supervisor's Name:	May we contact? No ☒ Yes ☒ If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:	Starting Salary:	Leaving Salary:
Job Title:	Description of Duties:		

Because of the sensitivity of some County government positions, the following **must** be acknowledged:

I hereby acknowledge that if I am employed by Montgomery County in:

- a) any Court-related or Court-appointed department
- b) the County Health Department
- c) any department requiring State Civil Service certification

I am required by **law** to refrain from all political activity. Such activity includes, but is not limited to, running for public office, serving as a political party committee person, working at a polling place on Election Day, performing volunteer or paid **work** in a political campaign, soliciting political contributions, being a **delegate** at a political convention and circulating political nominating petitions.

I certify that I have read and understand these prohibitions regarding political activity and promise to obey said restrictions if employed in an applicable department. I further understand that failure to comply will result in my dismissal from County employment and/or other forms of disciplinary action.

(Date)

(Signature of Applicant)

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)

FOR HUMAN RESOURCES= USE ONLY

Date application was logged in: _____

Application logged in by: _____