

# APPLICATION FOR EMPLOYMENT

## COUNTY OF PIKE, 506 BROAD STREET, MILFORD PA 18337

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. All applicants are subject to a criminal background check. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

*(PLEASE PRINT)*

Position(s) Applied For		Date of Application		
How Did Your Learn About Us?		Date of Application		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address	Number	Street	City	State      Zip
Telephone Number (s)		Date of Birth		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes    No

Have you ever filed an application with us before?  Yes    No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes    No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes    No

May we contact your present employer?  Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes    No

On what date would you be available for work?

Are you available to work:  Full Time    Part Time    Shift Work    Temporary

Are you currently on "lay-off" status and subject to recall?  Yes    No

Can you travel if a job requires it?  Yes    No

Have you ever been convicted of a felony or misdemeanor?  Yes    No  
*Conviction will not necessarily disqualify an applicant from employment.*

If the answer to the above question is "Yes", please state the nature(s) and date(s) of the conviction(s). (The County will consider information provided here only to the extent to which it relates to your suitability for employment in the position for which you have applied). \_\_\_\_\_

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held.  <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>

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## ADDITIONAL INFORMATION

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### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

### Specialized Skills

Check Skills/Equipment Operated

\_\_\_ CRT

\_\_\_ Fax

\_\_\_ PC

\_\_\_ Lotus 1-2-3

\_\_\_ Calculator

\_\_\_ PBX System

\_\_\_ Typewriter

\_\_\_ Wordperfect

Production/Mobile  
Machinery (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

Note to Applications: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied. A description of the activities involved in such a job or occupation is attached.

\_\_\_ YES

\_\_\_ NO

### REFERENCES

Name

Phone # ( )

Address

Name

Phone # ( )

Address

Name

Phone # ( )

Address

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## APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

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### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview     Yes     No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed     Yes     No    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

### NOTES

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied for is Open:       Yes       No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**NOTES:**

## **PIKE COUNTY** **DRUG-FREE WORKPLACE**

### **I. POLICY.**

It is the stated policy of Pike County to maintain a workforce that is free from drug, alcohol and other substance abuse. The use of illegal drugs and alcohol in the workplace seriously threatens the health, safety and welfare of all County employees and the general public. Drugs in the workplace also contribute to poor attendance, poor work performance and poor productivity.

In recognition of the dangers of drug use in the workplace, the unlawful manufacture, distribution, dispensation, possession, use, sale or transfer of drugs, alcohol or other controlled substance by any Pike County employee is prohibited in any County facility, on County property, in any County vehicle or while performing any duties on behalf of the County.

The illegal use of drugs off premises and off duty is also inconsistent with an employee's responsibilities to Pike County. Such use is prohibited by County employees to the extent that it results in the presence of drugs or their metabolites in the body of any employee while working, while on County premises, while in County vehicles or while on County business.

In some County Departments, drugs may be handled in the course of official duties relating to the search of offenders, visitors and County facilities. Such drugs and paraphernalia will be controlled and disposed of in accordance with established policies and procedures and applicable state laws.

It is a condition of employment with Pike County that all employees abide by the above prohibitions against the use of drugs. It is a further condition of employment that any employee convicted under a criminal drug statute must notify Pike County of the conviction no later than five (5) days after such conviction.

Pike County will take disciplinary action against any employee who violates this Policy, which may include termination of the employee, even for a first offense.

To maintain a drug-free workplace, employees are expected to remain free from the influence of illegal drugs and alcohol. Abstinence from illegal drug use and the ability to work free from the effects of alcohol are critical requirements of employment with Pike County.

The Pike County Commissioners will establish and implement drug and alcohol testing policies and procedures necessary to maintain a drug-free workplace. The Chief Clerk will be responsible for administering this program.

## **II. PROCEDURES.**

### **A. Applicant Testing:**

1. All job applicants who are considered for an offer of employment will be subject to a drug test by hair analysis as a condition of employment with Pike County. Thus, any job offer is automatically made contingent upon the applicant successfully passing the hair analysis drug test.
2. Any applicant who refuses to undergo a hair analysis drug test will be refused employment with Pike County. Any willful attempt to evade the drug test by shaving, cutting or altering the hair (head or body) in any way (unless hair loss is the result of a diagnosed medical condition) will be considered a refusal to test.
3. At the time of testing, the policy will be explained to the applicant. The applicant shall sign the "Statement of Drug-Free Workplace Policy" and the "Pike County Applicant Consent and Release From Liability" forms, sign and initial the appropriate chain of custody documentation, and provide a hair sample. The person who administers the test will witness the consent form and all chain of custody documentation as necessary.
4. In most cases, applicants will be notified of the results of the drug test within three (3) business days after receipt of the results by the County. If the results are negative, the applicant will be formally offered employment, provided that all other job requirements have been met. If the results are positive, and cannot be explained by legitimate prescription medication, the applicant will be denied employment.
5. If the results of the drug test are positive, the applicant may request a retest within three (3) days of receipt of the notice of the positive results, at the applicant's expense. If the results of the second test show no level of drug use, the applicant will be reimbursed for the cost of the retest and offered employment, provided that all other job requirements have been met.

### **B. Privacy of Test Documents:**

1. Results of the hair analysis drug test, and all documents pertaining to the test, shall remain confidential and shall remain confidential and shall not be released by Pike County, except to the applicant upon his or her written request. Only those individuals who are responsible for administering the drug test and for making the employment decision shall have access to these documents.

## **III. EFFECTIVE DATE.**

The effective date of this Drug-Free Workplace Policy shall be January 1, 2005. Further, this Policy shall supersede all prior drug policies for Pike County, including, but not limited to, any drug-free workplace provisions set forth in the Pike County Employment Policies and Practices Manual (the Pike County Employees' Manual).

**PIKE COUNTY DRUG AND ALCOHOL TESTING**

**STATEMENT OF DRUG-FREE WORKPLACE POLICY**

My signature below acknowledges that I have been informed of Pike County's drug testing policies and procedures, and that I have been provided a copy of Pike County's Drug-Free Workplace Policy. I also understand that drug testing is a condition of my employment with Pike County. I further agree to comply with the rules and regulations as described in the Policy, and that my failure to do so may lead to disciplinary action being taken against me, which may include termination, even for a first offense.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PIKE COUNTY APPLICANT CONSENT AND RELEASE FROM LIABILITY**

I understand that Pike County has in effect a Drug-Free Workplace Policy which prohibits the unlawful manufacture, distribution, dispensation, possession, use, sale or transfer of drugs, alcohol or other controlled substances by its applicants for employment and all employees. I further understand that Pike County is committed to a drug-free workplace and has adopted a drug testing program as one method of implementing that policy.

I hereby consent to the taking of my hair samples by Pike County or its agents for purposes of the above drug testing program and to the testing of such samples by Psychemedics. I release and discharge Pike County, its officers, employees, agents and representatives, from any and all claims or liability arising from such drug test, including the testing process and procedures, and the analysis and disclosure of the results.

I hereby further consent to the release of any drug test reports on such samples, or other related medical information from Psychemedics, to the Chief Clerk of Pike County, the Pike County Commissioners and to such other applicable individuals who are responsible for making the employment decision. I further consent to the use of all such reports or other information in Pike County's assessment of my employment application and/or employment status. I do hereby release Psychemedics, Pike County, and their officers, employees, agents and representatives, from any and all claims or liability arising from the authorized release or use of the information derived from or contained in my test results.

If I should refuse to participate in the drug testing program, or should the test results be positive, my application for employment will be rejected. If the initial test results are positive and I choose to be retested, an opportunity for a retest will be available at my own expense, provided that I request a retest within three (3) days of receipt of the results. If the results from the retest indicate no level of drug use, I may then be offered employment, provided that all other job requirements have been met, and I will be reimbursed for the retest.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Witnessed:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number