



COUNTY OF BERKS



Berks County Jail System
1287 County Welfare Road
Leesport, PA 19533
jail@countyofberks.com

Courthouse/Services Center
633 Court Street
Reading, PA 19601-3584
hr@countyofberks.com

Berks Heim Nursing and Rehabilitation
1011 Berks Road
Leesport, PA 19533
berksheim@countyofberks.com

www.co.berks.pa.us

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, political affiliation, or disability.

Date of Application _____

Position Desired _____

Referral Source: _____ Advertisement (Please Specify) _____ Relative _____
_____ Employment Agency _____ Friend _____
_____ County website _____ Other (Please Specify) _____

Personal Information:

Name _____

Address _____
Last First Middle

Phone No. _____ Social Security Number _____
Number Street City State Zip Code

Cell Phone _____ Email _____

Have you filed an application here within the past two years? _____ Yes _____ No

Have you ever been employed here before? _____ Yes _____ No Date _____

Are you legally eligible to work in the United States? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

(Conviction will not necessarily disqualify an applicant from employment)

If yes, explain _____

Availability:

Are you available to work? _____ Full-Time _____ Part-Time

Date available to start? _____

If required by the position would you be able to work:

Evening hours (2nd or 3rd shift)? _____ Yes _____ No

Weekends? _____ Yes _____ No

Are you available to work overtime if asked? _____ Yes _____ No

Are you on lay-off and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Some positions within the County of Berks require a valid drivers license. Can you meet this requirement if necessary? _____ Yes _____ No

Skills and Qualifications:

Describe any skills appropriate for the work you are seeking such as computer/typing skills, fluency in languages, machine operation, etc. Also include any licenses, certifications, or registrations you currently hold. _____

List professional, trade or business organizations to which you belong and offices held. Exclude groups which indicate race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, political affiliation, or disability. _____

Education:

	High School	Business Trade/Tech School or Other	College/University	Graduate/Professional
School Name				
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe specialized training, apprenticeship skills, internships and extra-curricular activities				
Honors, awards, and scholarships received				

Employment Experience:

List each job held. Start with your present or most current job. If you need additional space, please continue on a separate sheet of paper.

Employer #1	DATES		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			
Employer #2	DATES		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			
Employer #3	DATES		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			
Employer #4	DATES		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			

Give name, address, and telephone number of three professional references not related to you.

1. _____
2. _____
3. _____

Veterans:

Do you wish to claim Veterans Preference? (Proof of Honorable Discharge Required) Yes No

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

Government contractors are subject to Section 402 of the Vietnam Era veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

___ Disabled Individual ___ Disabled Veteran ___ Vietnam Era Veteran

Signed _____

Agreement:

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the County of Berks reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. _____ (initial)

I hereby authorize the County of Berks to thoroughly investigate my references, work records, education, criminal history, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the County of Berks my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____ (initial)

I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdraw of the employment offer. _____ (initial)

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

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

Signature of Applicant _____ **Date** _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/D
Berks County complies with the Drug-Free Workplace Act of 1989