



**EMPLOYMENT APPLICATION**

**County of Cambria**

**Human Resources Department**

**401 Candlelight Drive, Suite 239, Ebensburg, PA 15931**

**Phone: 814.472.1610 - Fax: 814.472.1457**

**Email: [Humanresources@co.cambria.pa.us](mailto:Humanresources@co.cambria.pa.us)**

**[www.cambriacountypa.gov](http://www.cambriacountypa.gov)**

**An Equal Opportunity Employer**

**Minorities are encouraged to apply**

Position(s) Desired: \_\_\_\_\_

**PLEASE NOTE: Failure to complete application in its entirety will result in disqualification of consideration for employment. Please double check for completion and accuracy before you submit. If you need a reasonable accommodation to complete the application process, please let the Human Resources Department know.**

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: Home: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a U.S. citizen or legally registered alien?  Yes  No

**Cambria County Prison:** Are you at least 18 years of age or older?  Yes  No

**Emergency Services applicants:** Are you at least 18 years of age or older?  Yes  No

Work Schedule applied for:  Full-time  Part-time

Referral Source? (Please check one)

- Friend/Relative  Job Board Posting in County Facility  
 Newspaper \_\_\_\_\_  Website \_\_\_\_\_  
 Other \_\_\_\_\_  Employee (Name) \_\_\_\_\_

I have been excluded from participation in any Federal or State Healthcare.  Yes  No

I have been criminally convicted of any crime regarding any Federal or State Healthcare Program.  Yes  No

I have been criminally convicted of any offense related to financial issues.  Yes  No

Are you willing to participate in all required pre-employment (conditional offer) testing (based on position) that may include drug testing, fingerprinting, background check?  Yes  No

Have you previously worked for the County of Cambria?  Yes  No  
**If "yes", please tell us at which location you were employed, what position you held, and date(s) of employment:**

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Have you ever been convicted of a crime? "Crime" means all felonies and misdemeanors, including serious driving offenses, e.g. DUI and reckless driving, but does not include minor traffic offenses or other summary offenses.  Yes  No

**If "yes", please give offense(s) for which convicted, date of conviction and jurisdiction. (Prior conviction will not automatically bar an applicant from employment with the County.)**

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Do you possess a valid Driver's License?  Yes  No

**EDUCATION**

	SCHOOL NAME	ADDRESS	NUMBER OF YEARS ATTENDED	MAJOR	DEGREE Yes or No
HIGH					<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE					<input type="checkbox"/> Yes No
GRADUATE					Yes No
OTHER					<input type="checkbox"/> Yes No

**List professional organizations you are a member of as well as any certifications you have earned: (Exclude any organization or activity the name or character of which may indicate the race, color, religion, sex/gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, marital status, or any other classification protected by Federal, State, or Local law.)**

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**Do you have knowledge or work experience in: (Check if "yes")**

- Calculator     Typing/Data Entry     Customer Service     Microsoft Office     Accounting

Other applicable skills \_\_\_\_\_

Have you been or are you currently a member of the military service?  Yes  No

**Employment History - (Last 10 Years)**  
(PLEASE LIST MOST RECENT POSITION FIRST)

May we contact your present employer?  Yes  No

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Dates of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Nature of work:** \_\_\_\_\_ **Wage/Salary:** \_\_\_\_\_  
**Reason for leaving or applying:** \_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Dates of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Nature of work:** \_\_\_\_\_ **Wage/Salary:** \_\_\_\_\_  
**Reason for leaving or applying:** \_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Dates of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Nature of work:** \_\_\_\_\_ **Wage/Salary:** \_\_\_\_\_  
**Reason for leaving or applying:** \_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Dates of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Nature of work:** \_\_\_\_\_ **Wage/Salary:** \_\_\_\_\_  
**Reason for leaving or applying:** \_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Dates of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Nature of work:** \_\_\_\_\_ **Wage/Salary:** \_\_\_\_\_  
**Reason for leaving or applying:** \_\_\_\_\_  
\_\_\_\_\_

The data set forth on this application is true and complete to the best of my knowledge. I understand that if employed, false statements on this application may result in termination. The County of Cambria is hereby authorized to verify and investigate any and all information contained in this application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Work Related References**

Reference & Company Name	Phone Number & Email Address	Business Relationship	How Long Have You Known This Person?

**ALL APPLICANTS READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN BELOW**

I hereby certify that all questions are correctly answered and authorize the County to contact my former employers, references and all other sources it sees fit in order to verify facts and information furnished with regard to my character and qualifications. I further understand that the completion of this form does not assure me of a position with the County or obligate the County in any way. I further understand that any misleading statements or incorrect statements may render this application void and, if employed, would be cause for immediate discharge. I understand that if I am not selected for an interview for this position it is my sole responsibility to reapply for any future openings.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The County of Cambria recognizes the following protected classes under Federal, State and Local laws: race, color, religion, sex/gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, and marital status. The County of Cambria is committed to providing a workplace free of discrimination and/or harassment.

The County of Cambria is an Equal Opportunity Employer  
E.O.E  
Minorities are encouraged to apply

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**VOLUNTARY SELF-IDENTIFICATION  
DATA SHEET**

The County of Cambria is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation, political affiliation, genetics, marital status, or any other classification protected by Federal, State or Local law. The information below will be used only in the compilation of data for Affirmative Action and Program Review reporting.

Completion of this data is voluntary. This information will be kept confidential and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This document is **NOT** a part of the official County of Cambria Employment Application, but we ask you return this page with your application, whether completed in full, in part or left blank. The data sheet will be stored and reviewed apart from the Application and all other documents associated with employment selection.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:  MALE  FEMALE

POSITION(S) APPLYING FOR: \_\_\_\_\_

RACE OR ETHNIC IDENTITY:

(Please check one of the descriptions below corresponding to the race or ethnic group with which you most identify.)

- AMERICAN INDIAN or ALASKAN NATIVE** -All persons having origins in any of the original peoples of America.
- ASIAN or PACIFIC ISLANDER**-All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK or AFRICAN AMERICAN** (not of Hispanic origin)-All persons having origins in any of the Black racial groups.
- HISPANIC**-All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.
- WHITE** (not of Hispanic origin)-All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

**REMINDER** – Your opportunities for employment will NOT be affected by your decision whether or not to complete this data sheet.



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**VOLUNTARY SELF-IDENTIFICATION  
HANDICAP AND VETERAN CATEGORY  
DATA SHEET**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:  MALE  FEMALE

POSITION(S) APPLYING FOR: \_\_\_\_\_

**VETERAN STATUS:**

(Please check one or more of the descriptions below corresponding to the appropriate category (ies).)

- A QUALIFIED HANDICAPPED INDIVIDUAL** who (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment, and (4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.
- A QUALIFIED DISABLED VETERAN** (1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or (2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and (3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- A VIETNAM ERA VETERAN** (1) a person who a.) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b.) was released from such active duty for a service-connected disability, and (2) person who was discharged/released within 48 months prior to an alleged violation of the Act and/or the regulation issued thereunder on July 26, 1976.

I am \_\_\_\_\_ handicapped; \_\_\_\_\_ a disabled Veteran; \_\_\_\_\_ a Vietnam Era Veteran and would like to be included in your Affirmative Action Program.

My handicap/disability is: \_\_\_\_\_

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In conjunction with the current Cambria County Policy titled, "Employment of Relatives" adopted by the Board of Commissioners on March 26, 2010, please complete the following questions:

Do you have any relatives (see list below) working for the County?  Yes  No

**If, "yes", please check the relationship below and specify their name and department.**

NAME AND DEPARTMENT

- Spouse \_\_\_\_\_
- Father \_\_\_\_\_
- Mother \_\_\_\_\_
- Brother \_\_\_\_\_
- Sister \_\_\_\_\_
- Son \_\_\_\_\_
- Daughter \_\_\_\_\_
- Niece \_\_\_\_\_
- Nephew \_\_\_\_\_
- Aunt \_\_\_\_\_
- Uncle \_\_\_\_\_

\*The terms "Grand", "Step", and "In-Law" also apply.

All applicants are asked to complete this form disclosing any family relationship with any employee of Cambria County. This policy is not to be interpreted as preventing an applicant from being hired. Each case will be decided on its individual circumstances.

**Please complete the following form ONLY**  
**if applying for a position with the Cambria County Prison**

**CAMBRIA COUNTY PRISON**

**PENNSYLVANIA RESIDENCY AND CRIMINAL HISTORY RECORD INFORMATION VERIFICATION**

\_\_\_\_\_, Applicant, has been a resident (without interruption) of Pennsylvania for the past \_\_\_\_\_ years. I, \_\_\_\_\_, Applicant, verify that the Statements made in this verification and application are true and correct. I understand that false statements could prevent my employment with the Cambria County Prison. I understand that the number of years as a Pennsylvania resident is needed for an accurate Criminal History Record report.

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)