



APPLICATION FOR EMPLOYMENT
WASHINGTON COUNTY CONSERVATION DISTRICT

Position: _____

Address:

50 Old Hickory Ridge Road, Suite 1
Washington, PA 15301

PERSONAL	PLEASE PRINT						-					-	2		0					
	TODAY'S DATE																			
	Name: _____																			
	Home Street Address: _____																			
	City: _____ State: _____ Zip: _____																			
	Washington County Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Cell Phone: _____																			
	Would you Accept? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>																			
	Date you would be available to begin work: _____																			
	How did you hear about WCCD? _____																			
	Have you been CONVICTED of any crime, excluding summary offenses? Yes <input type="checkbox"/> No <input type="checkbox"/> (Conviction will not necessarily preclude employment)																			
If yes, explain: _____																				
Are you willing and able to travel? Yes <input type="checkbox"/> No <input type="checkbox"/> License: Yes <input type="checkbox"/> No <input type="checkbox"/>																				
Computer Programs: _____																				
Other Skills or certifications: _____																				
Have you ever served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
EDUCATION	School Name / Address				Did you graduate?		GPA		Degree Diploma Certificate		Major Course of Study									
					Yes <input type="checkbox"/> No <input type="checkbox"/>															
POLICY	In compliance with all Federal and State laws, WCCD will consider all qualified applicants without regard to race, color, religion, creed, national origin, age, sex, disability, Veteran status, or any other legally protected status.																			
	Application will be active for a period of six (6) months from the date of the application.																			
	WCCD IS AN EQUAL OPPORTUNITY EMPLOYER																			

LIST BELOW YOUR LAST THREE (3) EMPLOYERS - MOST RECENT FIRST

WORK EXPERIENCE	DATE OF EMPLOYMENT Month/Year	Name	Telephone Number
	From: ____ / ____ / ____	Address	
	To: ____ / ____ / ____		
	SALARY	Job Title	Supervisor Name and Title
	Start: ____		
	End: ____	Responsibilities	Reason for Leaving
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	DATE OF EMPLOYMENT Month/Year	Name	Telephone Number
	From: ____ / ____ / ____	Address	
	To: ____ / ____ / ____		
	SALARY	Job Title	Supervisor Name and Title
	Start: ____		
	End: ____	Responsibilities	Reason for Leaving
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	DATE OF EMPLOYMENT Month/Year	Name	Telephone Number
	From: ____ / ____ / ____	Address	
	To: ____ / ____ / ____		
	SALARY	Job Title	Supervisor Name and Title
Start: ____			
End: ____	Responsibilities	Reason for Leaving	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERENCE	If you do not provide a separate reference sheet with your submission, please provide Name, Address and Telephone Numbers of three (3) references who are not related to you and are not previous employers.		
	Name: _____		Number: _____
	Address: _____		
	Name: _____		Number: _____
	Address: _____		
	Name: _____		Number: _____
Address: _____			
SIGNATURE	I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge. I understand that any false information given by me will be grounds for my disqualification, and if employed, will be grounds for my dismissal at any time.		
	Signature: _____		Date: _____