



# APPLICATION FOR EMPLOYMENT CLEARFIELD COUNTY GOVERNMENT SHERIFF'S OFFICE

AN EQUAL OPPORTUNITY EMPLOYER

**NOTE: You must be Act 120 Certified or its equivalent to apply for this position.**

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE APPLICATION RECEIVED \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (SUFFIX)

HOME STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ COUNTY OF RESIDENCY \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US? \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE YOU WOULD BE AVAILABLE TO WORK? \_\_\_\_\_

ARE YOU NOW EMPLOYED: \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER APPLIED TO CLEARFIELD COUNTY BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO WHEN: \_\_\_\_\_

REFERRED TO SHERIFFS OFFICE BY: \_\_\_\_\_

WHICH OF THE FOLLOWING ARE YOU AVAILABLE TO WORK?  
(PLEASE CHECK APPROPRIATE BOXES)

_____ FULL-TIME	FOR OFFICE USE ONLY
_____ PART-TIME	POSITION _____
_____ SHIFT DESIRED	DATE EMPLOYED _____ RATE _____

PLEASE LIST ALL DEGREES, DIPLOMAS, CERTIFICATES AND LICENSE RELEVANT TO THE POSITION DESIRED:

NAME OF SCHOOL	HIGHEST YEAR COMPLETED	DID YOU GRADUATE?
_____	_____	YES _____ NO
_____	_____	YES _____ NO

DEGREE DIPLOMA CERTIFICATE	MAJOR COURSE OF STUDY
_____	_____
_____	_____

DRIVERS LICENSE NUMBER	LICENSING AUTHORITY/STATE	EXPIRATION DATE
_____	_____	_____

MILITARY SERVICE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

RANK: \_\_\_\_\_ ARE YOU PRESENTLY IN THE NATIONAL GUARD \_\_\_\_\_ YES \_\_\_\_\_ NO

## EMPLOYMENT HISTORY

**FORMER EMPLOYMENT (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH PRESENT)**

<b>DATE MONTH/YEAR</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>POSITION</b>	<b>REASON FOR LEAVING</b>

**REFERENCES (GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN ONE YEAR)**

<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>YEARS KNOWN</b>

I have never been convicted of a crime of violence in the Commonwealth of Pennsylvania or elsewhere. I am of sound mind and have never been committed to a mental institution. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I authorize the Sheriff of Clearfield County or his designee to inspect those records or document relevant to the information required for this application.

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

\_\_\_\_\_  
Date

**INTERVIEW DATE:** \_\_\_\_\_ **INTERVIEW BY:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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