

**EMPLOYMENT APPLICATION  
COUNTY OF BUTLER  
SUNNYVIEW NURSING & REHAB CENTER  
“An Equal Opportunity Employer”**

**County Commissioners:**

A. Dale Pinkerton, Chairman  
James L. Kennedy  
James C. Lokhaiser



**Address:**

Personnel Division  
124 W. Diamond Street  
P.O. BOX 1208  
Butler, PA 16003-1208  
724-284-5193

**Please type or print in ink, answering all questions accurately and completely.**

**PERSONAL**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Have you used a name (such as an assumed name or nickname) the County of Butler would need to know to check your previous work and educational records?  Yes  No  
If yes, please explain.

Address: \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip) (County)

Telephone Number: \_\_\_\_\_  
(Home) (Cell)

If you are offered and accept a job, can you submit proof of your legal right to work in the United States?  
 Yes  No

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Have you ever been convicted of a felony, or during the last two years, of a misdemeanor that resulted in imprisonment?  Yes  No  
If yes, what was the felony or misdemeanor and describe in full?

*\*Please note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.\**

*\*Please note: Pennsylvania Law requires Long Term Care Facilities to conduct a criminal background check on our applicants.  
A \$10.00 fee must be submitted at the time of your interview*

Are you related to a County of Butler employee or is any member of your household employed by the County of Butler Board of Commissioners?  Yes  No  
If yes, please give their name, their relationship to you, and their employing department.

**EMPLOYMENT HISTORY**

Have you ever been previously employed by the County of Butler?  Yes  No  
If yes, what department, dates of employment, and reason for leaving?

\_\_\_\_\_

What type of employment are you looking for? Any Shift?  Yes  No  
 Full-Time  Part-Time  Temporary/Casual/Seasonal If no, what shift can you work? \_\_\_\_\_

What type of position are you applying for? Please list job title if known.

\_\_\_\_\_

State Certification Number (if applicable): \_\_\_\_\_ Date you are available for work: \_\_\_\_\_  
*\*Please submit a copy of you License/Certification with your application*

**List Below Your Last Three Employers – Most Recent First:**

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Hourly Rate per Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Hourly Rate per Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Hourly Rate per Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND SPECIAL SKILLS**

*\*Qualifications: You are required to have at least a High School Diploma or GED.*

School Name & Address	Highest Year Completed	Graduate? (Y or N)	Major Course Study

Please summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for the County of Butler and the position you are applying for:

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*Please note: You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the County and will not be returned.*

**REFERENCES**

Please list name, address, and phone number of at least three business/work references who are NOT related to you and have knowledge of your work ethic, experience, and ability.

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title \_\_\_\_\_ Years Known \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title \_\_\_\_\_ Years Known \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title \_\_\_\_\_ Years Known \_\_\_\_\_

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The County of Butler will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, or because they are handicapped, a disabled veteran or a Vietnam era veteran. Answers to application questions will be utilized for applicable, job related information only.

**APPLICANT INFORMATION VERIFICATION AND CONDITIONS OF EMPLOYMENT**

I herby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. I understand that any omissions or misstatements of material fact of this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I herby authorize the County of Butler or its agents to thoroughly investigate my background in include references, work record, education, financial/credit history, criminal records, workers' compensation history, and other matters related to my suitability for employment and, further authorize my former employers to disclose any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosure. In addition, I herby release the County of Butler, my 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.

I authorize the County of Butler to request a consumer credit report for employment purposes.

I understand that nothing contained in the application or conveyed during my interview which may be granted is intended to create an employment contract between me and the County of Butler. In addition, I understand and agree that if I am employed, my employment will be at will, for no definite or determinable period and my be terminated at any time, with or without cause or prior notice, at the option of either myself or the County of Butler and that no promises or representations contrary to the foregoing are binding on the County of Butler unless made in writing and signed by me and any Authorized Representative. In consideration for my employment by the County of Butler, I agree to conform to the policies, rules and regulations of the County of Butler including without limitation those set forth in the Policy and Procedures Manual.

I agree to abide by all the rules of the County of Butler and will obey the orders and instructions of my supervisor, I will use and weal all safety appliances furnished by the County of Butler and will work in a safe manner observing all of the County of Butler's safety rules, not exposing myself or other workers to unnecessary dangers.

I understand that the use or possession of drugs, alcohol or any controlled substances, other than that prescribed by a physician, is strictly prohibited on County of Butler premises.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name, Printed

\_\_\_\_\_  
Address

\_\_\_\_\_

Maiden Name, If applicable