

County of Lebanon

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Assistance will be provided to any person who, as a result of a disability, needs assistance in completing this application.

PERSONAL INFORMATION

Date: _____

Last Name First Name Middle Initial or Name

Street Address City County State Zip Code

Telephone Number E-mail Address (Optional) Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status?

Yes No (Proof of citizenship or immigration status will be required upon employment)

EMPLOYMENT DESIRED

Position applied for: _____ Salary Desired: _____

List professional certification, apprenticeships, specialized training, or foreign language skills: _____

Specialized Skills:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Typewriter _____ WPM | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> IBM-PC |
| <input type="checkbox"/> Shorthand _____ WPM | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Other _____ |

Shift you can work: Day _____ Evening _____ Night _____

Can you work: Full-time? _____ Part-time? _____ Temporary? _____ Summer? _____

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY? _____ If yes, please answer all of the following:

Dates Employed: From _____ To _____ Position held _____

Your Name, if different? _____ Department _____

Reason for Leaving: _____

MISCELLANEOUS

Have you ever been convicted of a felony? If so, where and disposition of offense? (Conviction will not necessarily disqualify an applicant from employment) _____

Can you travel if a job requires it? Yes No Do you have a valid PA Driver's License? Yes No

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

Branch _____ Rank _____

Present membership in National Guard or Reserves? Yes No

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ANY APPLICANT AN INTERVIEW OR EMPLOYMENT
(CONTINUED ON OTHER SIDE)**

EDUCATIONAL RECORD

| Name and Location | Years Completed | Graduate? | | Course of Study |
|--------------------|-----------------|-----------|----|-----------------|
| | | Yes | No | |
| HIGH SCHOOL _____ | | | | |
| COLLEGE _____ | | | | |
| TRADE SCHOOL _____ | | | | |

Other formal education or experience which you feel is relevant to the position for which you are applying:

EMPLOYMENT RECORD *(Please start with most recent employer)*

Name of Firm: _____ Name of Supervisor: _____
 Job Title: _____ Address: _____
 Employed From: _____ Reason for Leaving: _____
 Rate of Pay: _____ Brief Description of Duties: _____
 May we contact this employer? _____

Name of Firm: _____ Name of Supervisor: _____
 Job Title: _____ Address: _____
 Employed From: _____ Reason for Leaving: _____
 Rate of Pay: _____ Brief Description of Duties: _____
 May we contact this employer? _____

Name of Firm: _____ Name of Supervisor: _____
 Job Title: _____ Address: _____
 Employed From: _____ Reason for Leaving: _____
 Rate of Pay: _____ Brief Description of Duties: _____
 May we contact this employer? _____

PERSONAL REFERENCES *(Exclude relatives or former employers)*

| (Name) | (Address) | (Phone) |
|----------|-----------|---------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

NOTICE TO ALL APPLICANTS

PLEASE READ THIS STATEMENT BEFORE YOU SIGN YOUR APPLICATION: "I understand that this employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal laws. I authorize this employer to thoroughly investigate and verify all information given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named herein (unless so noted) to provide any information requested about me, and I release them from all liability for damage in providing this information."

"In the event of employment, I understand that any false, misleading or willful omission of information may result in discharge. I understand also that I am required to abide by all rules and regulations of this employer."

Date Signed

Applicant's Signature