



# 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.

<b>PERSONAL INFORMATION</b>				
Last Name:		First Name:		Middle Initial or Name:
Street Address:			City:	
County:		State:		Zip Code:
Telephone Number:		Social Security Number:		E-mail Address (Optional):
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)				

<b>EMPLOYMENT DESIRED</b>	
Position(s) applying for:	Salary Desired:
List professional certification, apprenticeships, specialized training, or foreign language skills:	
<b>Specialized Skills</b>	
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Basic Computer Skills	<input type="checkbox"/> Bookkeeping
	<input type="checkbox"/> Microsoft Word
	<input type="checkbox"/> Other _____
What shift you can work: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Can you work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	

<b>HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY OF LEBANON?</b> <input type="checkbox"/> Yes *If "Yes," please answer all of the following <input type="checkbox"/> No	
*Dates Employed: From _____ To _____	*Your Name then (if different than your current name):
*Department:	*Position held:
*Reason for Leaving:	

<b>MISCELLANEOUS</b>	
Were you ever convicted of a criminal offense or have you ever forfeited bond or collateral in connection with a criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>(The term criminal offense is defined as any felony or misdemeanor, including any summary offense. Omit only (1) minor traffic violations and (2) any offense committed before your 18<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youth offender law.) Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merit.</small>	
<b>If "Yes", give details on a separate sheet of paper. Be sure to include your social security number.</b>	
Are there any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If "Yes" please give details here OR attach an explanation of the charges.</b>	
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid PA Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been or are you currently a member of the military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch:	Rank:
Present membership in National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EDUCATIONAL RECORD</b>				
Name	Address	Years Completed	Graduate? YES NO	Course(s) of Study / Degree
High School:				
College:				
Trade School:				

**EDUCATIONAL RECORD (continued)**

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)**Employer:****Name of Supervisor:****Job Title:****Address:****Employed:** From \_\_\_\_\_ To \_\_\_\_\_**Reason for Leaving:****Rate of Pay:****May we contact this employer:**  
 Yes  No**Employer Telephone Number:**  
(      )**Brief Description of duties/responsibilities:****Employer:****Name of Supervisor:****Job Title:****Address:****Employed:** From \_\_\_\_\_ To \_\_\_\_\_**Reason for Leaving:****Rate of Pay:****May we contact this employer:**  
 Yes  No**Employer Telephone Number:**  
(      )**Brief Description of duties/responsibilities:****Employer:****Name of Supervisor:****Job Title:****Address:****Employed:** From \_\_\_\_\_ To \_\_\_\_\_**Reason for Leaving:****Rate of Pay:****May we contact this employer:**  
 Yes  No**Employer Telephone Number:**  
(      )**Brief Description of duties/responsibilities:****REFERENCES** (Work-related references are preferred)**Name****Address****Telephone Number**

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."

**Applicant's Signature:****Date:**