



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			
Last Name:	First Name:	Middle Initial or Name:	Social Security Number:
Street Address:		City:	State: Zip Code:
County:		Telephone 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			
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>*Proof of citizenship or immigration status will be required upon employment</small>			

EMPLOYMENT DESIRED	
Position(s) applying for:	Salary Desired:
List professional certification, apprenticeships, specialized training, or foreign language skills:	

SPECIALIZED SKILLS		
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Basic Computer Skills	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Other _____
What shift you can work:	Can you work:	
<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	

PRIOR COUNTY OF LEBANON EMPLOYMENT (IF APPLICABLE)	
HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY OF LEBANON? <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:	

EMPLOYMENT OF RELATIVES DISCLOSURE	
Do you have any relatives working for the County of Lebanon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, provide the following: _____	
Name	Relationship
County Department they work in	
<small>*If you have more than one (1) relative employed by the County of Lebanon, attach a separate document disclosing the same information above.</small>	

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

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

REFERENCES *Work-related references are preferred, please provide a minimum of three (3)				
Name	Relationship to Applicant	Title	Company	Telephone Number
1.				()
2.				()
3.				()
4.				()

EMPLOYMENT RECORD (Please start with most recent employer)

Employer:		Name of Supervisor:	
Job Title:		Address:	
Dates Employed: From _____ To _____		Reason for Leaving:	
Rate of Pay:	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Telephone Number: ()	
Brief Description of duties/responsibilities:			

Employer:		Name of Supervisor:	
Job Title:		Address:	
Dates Employed: From _____ To _____		Reason for Leaving:	
Rate of Pay:	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Telephone Number: ()	
Brief Description of duties/responsibilities:			

Employer:		Name of Supervisor:	
Job Title:		Address:	
Dates Employed: From _____ To _____		Reason for Leaving:	
Rate of Pay:	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Telephone Number: ()	
Brief Description of duties/responsibilities:			

MISCELLANEOUS

1. Were you ever convicted of a criminal offense or have you ever forfeited bond or collateral in connection with a criminal charge? (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 18th 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.

Yes *If "Yes", give details on a separate sheet of paper. Be sure to include your social security number. No

2. Are there any criminal charges pending against you? Yes *If "Yes" please attach an explanation of the charges. No

3. Can you travel if a job requires it? Yes No

4. Do you have a valid PA Driver's License? Yes → DL# _____ No

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

*Branch:	*Rank:	Present membership in National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTICE TO ALL APPLICANTS: PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL EACH, 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. I understand that any false, misleading or willful omission of information may result in discharge or withdrawal of an offer of employment.

Initials _____

_____ I hereby 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. I understand that any omission or misstatement of material fact on 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.

Initials _____

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form(s) upon hire.

Initials _____

_____ I understand that I am required to abide by all rules/policies and regulations of the County.

Initials _____

Applicant's Signature:	Date:
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