

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.

Last Name:	First Name:			Middle Initial or Name: Social Security Number:				
Street Address:		City:			State: 2	Zip Code:		
County:	Telephone Nu		r:	E-mail Address (Optional):):		
If you are under 18 years of age, can you provide required proof of your eligibility to work? \(\square \) Yes \(\square \) No								
Are you prevented from lawfully								
*Proof of citizenship or immigration status will	l be required upon employ	yment	□Yes		No			
EMPLOYMENT DESIRED								
Position(s) applying for:			Salary Desired:					
List professional certification, apprenticeships, specialized training, or foreign language skills:								
CDFOIALIZED CVII I C								
SPECIALIZED SKILLS								
☐ Typing WPM ☐ Basic Computer Skills	☐ Microsoft Excel ☐ Bookkeeping			☐ Microsoft Word ☐ Other				
What shift you can work:		_	Can you w					
□ _{Day}	☐ Evening [Night		☐ Full-t	ime 🗆	Part-time	☐ Casual	
PRIOR COUNTY OF LEBANON EMPLOYMENT (IF APPLICABLE)								
HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY OF LEBANON? Yes *If "Yes," please answer all of the following								
*Dates Employed: From	*Your Name then (if different than your current name):							
*Department:			*Position	sition held:				
*Reason for Leaving:								
EMPLOYMENT OF RELATIVES DISCLOSURE								
Do you have any relatives working for the County of Lebanon?								
*If yes, provide the following:								
Name Relationship County Department they work in *If you have more than one (1) relative employed by the County of Lebanon, attach a separate document disclosing the same information above.								
EDUCATIONAL RECORD								
Name	Address	Y	/ears Completed	Graduate? YES NO	Cour	se(s) of St	udy / Degree	
High School:				ILS NO				
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	ences are preferred	please prov	ide a minimur	n of three (3)				
	Relationship to							
<u>Name</u>	Applicant	<u>Title</u>		Company		Teleph	one Number	
1.						()		
2.						()		
3.						()		
4.						()		

EMPLOYMENT RECORD (Please start	with most recent employe	er)				
Employer:		Name of Supervisor:				
Job Title:		Address:				
Dates Employed: From To		Reason for Leaving:				
Rate of Pay: May we contact this emp		ployer: Yes 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 em	ployer: Yes 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: Yes No Employer Telephone Number:						
Brief Description of duties/responsibilities:						
<u>MISCELLANEOUS</u>						
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.						
2. Are there any criminal charges pending against you?						
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? \(\subseteq \text{Yes} \subseteq \text{No} \)						
*Branch:	*Rank:	Present membership in National Guard or Reserves?				
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.						
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.						
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.						
I understand that I am required to abide by all rules/policies and regulations of the County. Initials						
Applicant's Signature:		Date:				