

County of Lackawanna Pennsylvania

EMPLOYMENT APPLICATION



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

<i>(PLEASE PRINT)</i>				
Position(s) Applied For			Date of Application	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address	Number	Street	City	State
				Zip Code
Telephone Number(s)			Social Security Number	

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

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

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

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been arrested and/or convicted of an offense? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

** Please note that all public safety applicants will be subject to a criminal background check.

Education

	Name and Address of School	Course of Study	Years completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final		
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

Applicant's Statement

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the County of Lackawanna is of an "at will" nature which means that the Employee may resign at any time and the County of Lackawanna may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Lackawanna County.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the County of Lackawanna.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

County of Lackawanna Pennsylvania



EQUAL OPPORTUNITY EMPLOYMENT DATA

The County of Lackawanna has a moral as well as legal commitment to insure that all applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital and/or veteran status, or the presence of a non job-related medical condition or handicap. We are also required to make periodic reports based on these categories, and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information below.

This information will not be used in any way to evaluate qualifications for employment. It will be used for statistical purposes only, and will be kept in a confidential file separate from the application for employment

Thank you for your help in this matter.

Name *(Please print)* _____
Last First Middle

Please check where applicable.

- | | |
|---|--|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic | |

Sex Male Female

Birthdate: _____ Age: _____