

# COUNTY OF LANCASTER

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST M.I.

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NO. \_\_\_\_\_  
HOME ALTERNATE

POSITION DESIRED \_\_\_\_\_

FULL-TIME       PART-TIME

TEMPORARY

HOURS YOU CAN WORK \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

CHECK THE DAYS YOU CAN WORK:

Su Mo Tu We Th Fr Sa

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THE COUNTY?  NO, IF YES LIST: \_\_\_\_\_

DEPARTMENT

DATE EMPLOYED

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE UNDERGRADUATE ----- GRADUATE				
OTHER POST HIGH SCHOOL				

LIST PROFESSIONAL CERTIFICATIONS, LICENSES, APPRENTICESHIPS, SPECIALIZED TRAINING, OR FOREIGN LANGUAGE SKILLS:

**OFFICE SKILLS:**

- TYPING \_\_\_\_ W.P.M.
- CALCULATOR
- DICTATION/TRANSCRIPTION
- MACHINES OPERATED \_\_\_\_\_

**COMPUTING SKILLS:**

- EXCEL
- WORD
- ACCESS
- POWERPOINT
- LOTUS
- WORDPERFECT
- WINDOWS OS
- PEOPLESOFT

**OTHER SKILLS:**

- COMMERCIAL DRIVER LICENSE
- NURSING \_\_\_\_\_
- MECHANICAL \_\_\_\_\_
- OTHER \_\_\_\_\_

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NO.	BUSINESS	RELATIONSHIP

DO YOU HAVE RELATIVES EMPLOYED BY THE COUNTY?  NO, IF YES LIST: \_\_\_\_\_

NAME

DEPARTMENT

THE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT. NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. EQUAL ACCESS TO EMPLOYMENT SERVICES AND PROGRAMS ARE AVAILABLE TO ALL PERSONS. APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD CONTACT THE PERSONNEL OFFICE.

**EMPLOYMENT EXPERIENCE - Include any job-related military service assignments and volunteer activities.**

PRESENT OR MOST RECENT EMPLOYER NAME/ADDRESS		STARTING MO/YR	ENDING MO/YR	JOB TITLE:
		STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO.	SUPERVISOR NAME	REASON FOR LEAVING		
EMPLOYER NAME/ADDRESS		STARTING MO/YR	ENDING MO/YR	JOB TITLE:
		STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO.	SUPERVISOR	REASON FOR LEAVING		
EMPLOYER NAME/ADDRESS		STARTING MO/YR	ENDING MO/YR	JOB TITLE:
		STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO.	SUPERVISOR	REASON FOR LEAVING		
EMPLOYER NAME/ADDRESS		STARTING MO/YR	ENDING MO/YR	JOB TITLE:
		STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO.	SUPERVISOR	REASON FOR LEAVING		
EMPLOYER NAME/ADDRESS		STARTING MO/YR	ENDING MO/YR	JOB TITLE:
		STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO.	SUPERVISOR	REASON FOR LEAVING		

1) HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO OR RECEIVED DEFERRED ADJUDICATION FOR A 1<sup>ST</sup> DEGREE MISDEMEANOR OR A FELONY?  NO  YES IF YES, PLEASE EXPLAIN (A CONVICTION DOES NOT AUTOMATICALLY BAR EMPLOYMENT FOR ALL POSITIONS).

2) IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?  YES  NO

3) CAN YOU PROVIDE DOCUMENTATION OF ELIGIBILITY TO WORK IN THE UNITED STATES?  YES  NO

4) MAY WE CONTACT YOUR PRESENT EMPLOYER PRIOR TO INTERVIEWING YOU?  YES  NO

5) ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?  YES  NO

I HEREBY GIVE THE COUNTY OF LANCASTER THE RIGHT TO MAKE A THOROUGH INVESTIGATION INTO MY PREVIOUS EMPLOYMENT, EDUCATION AND REFERENCES. I RELEASE FROM LIABILITY ALL PERSONS, COMPANIES, AND CORPORATIONS SUPPLYING SUCH INFORMATION AND INDEMNIFY AND HOLD HARMLESS THE COUNTY OF LANCASTER FROM ANY LIABILITY WHICH MIGHT RESULT FROM SUCH AN INVESTIGATION.

I UNDERSTAND THAT ANY FALSE ANSWERS, STATEMENTS OR REPRESENTATIONS MADE BY ME IN THIS APPLICATION SHALL CONSTITUTE SUFFICIENT CAUSE FOR DISMISSAL AND/OR PENALTIES UNDER 18 PA CONS.STAT., SECTION 4904 RELATED TO THE UNSWORN FALSIFICATION TO AUTHORITIES. I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COUNTY OF LANCASTER AND MYSELF.

IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I UNDERSTAND THAT, IF ACCEPTED FOR EMPLOYMENT, I MUST ABIDE BY THE RULES AND POLICIES OF THE COUNTY OF LANCASTER AND THAT I WILL BE HIRED IN A PROBATIONARY STATUS.

Date

Signature

**Instructions**  
County of Lancaster  
Application for Employment

Use this application to apply for employment opportunities at the County of Lancaster.

To begin, click mouse in 'Last Name' box and begin typing.

Use tab to move to next box, use shift/tab to move to previous box.

Left click mouse or press Enter to check or uncheck box.

All 4 digits of a year must be shown in a date.

To show the correct payment period for salary information scroll through the list box and highlight your selection.

When you finish entering data, be sure to read the information directly above the signature line. Please understand that by signing the form you state that the information is correct; authorize the County to investigate your employment and educational background; and understand that the application does not create an employment contract between you and the County of Lancaster.

Please sign and date the application and take or send both pages to:

County of Lancaster  
Human Resources  
150 N Queen St, Suite 312  
Lancaster, PA 17603