



West Lebanon Township
322 North 22nd Street, Lebanon, PA. 17046
Phone # (717) 274-1598 Fax: (717) 274-5119

APPLICATION FOR EMPLOYMENT

West Lebanon Township is an Equal Opportunity Employer. Federal and Pennsylvania laws, as well as West Lebanon Township policies, prohibit discrimination in employment because of race, color, ancestry, national origin, disability, age, sex, lifestyle, or religion. No question, this application is intended to discriminate against any applicant based upon any of these protected characteristics.

PLEASE PRINT ALL INFORMATION IN INK

 Name of Position Date of this App

PERSONAL INFORMATION

Last Name	First Name	Middle Name		
Address	Street/Box	City	State	Zip Code
Telephone Number(s)		Social Security Number		
In case of emergency, Please Notify:		Telephone Number:		

Have you ever worked for the County of Lebanon before? Yes No.
 If yes, give date _____

The requirement age is **21**. Are you over the age of 21? Yes No.

Are you legally eligible for employment in this country? Yes No.

Have you filed an application or interviewed with us before? Yes No.

Are you currently employed? Yes No.
 On what date would you be available for work: _____

Are you available to work: Full-Time Part-Time Casual Summer

Salary/Rate of pay desired: _____ per hour.

Were you ever employed/attended school under another name? Yes No.
 If yes, please list pervious names: _____

Have you ever been convicted of or plead guilty to a crime other than summary offenses or traffic violations?
 Yes No If yes, please indicate when, where, and disposition of the offense _____

EDUCATION

Name of School and Address	Years Completed (Circle) Highest	Major/Course of Study	Degree (if Applicable)
Elementary School	4 5 6 7 8		
High School	9 10 11 12		
Undergraduate College	1 2 3 4		
Graduate School	1 2 3 4		

Do you possess a GED certificate in lieu of completing high school? _____ Yes _____ No

Do you possess all of the required current licenses or certificates to perform your job, and could you show them if asked? _____ Yes _____ No

Describe any special training, skills, or extra-curricular activities:

Can you speak or write any language other than English? _____ Yes _____ No.

If so, name them: _____

Please rate your fluency in this language: _____ Very Fluent _____ Some Knowledge _____ Little Knowledge

Do you have experience operating any of the following office machines?

_____ Computer _____ Fax Machine _____ Other

Do you have experience operating any of the following vehicles?

_____ Snow Plow _____ Front-End Loader _____ Dump Truck _____ Skid Steer

Are you presently a member of the National Guard or Reserves? _Yes _No

Were you once a member of the U.S. Military Service? _____ Yes _____ No.

If so indicate type of discharge _____

Can you perform the essential functions of this job you are applying for with reasonable accommodations?

____ Yes ____ No

Can you meet the attendance requirements of this position? _____ Yes _____ No

EMPLOYMENT EXPERIENCE

Start with your present or most recent job Include any job-related military service assignments and volunteer activities. Attach additional sheets if necessary to provide a complete job history. Use the comment section below to explain any gaps in employment or to provide any other information:

Current or most recent employer	Telephone	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Job Title		Starting Hourly Rate/ Salary	
Reason for Leaving		\$ per	
		Final Hourly Rate/ Salary \$ per	
Immediate Supervisor and Title			
May we contact employer for reference: _____ Yes _____ No _____ Later			
Second Last Employer	Telephone	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Job Title		Starting Hourly Rate/ Salary	
Reason for Leaving		\$ per	
		Final Hourly Rate/ Salary \$ per	
Immediate Supervisor and Title			
May we contact employer for reference: _____ Yes _____ No _____ Later			
Third Last Employer	Telephone	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Job Title		Starting Hourly Rate/ Salary	
Reason for Leaving		\$ per	
		Final Hourly Rate/ Salary \$ per	
Immediate Supervisor and Title			
May we contact employer for reference: _____ Yes _____ No _____ Later			

COMMENTS: (including explanation of any gaps in employment):

SKILLS AND QUALIFICATIONS: (Summarize any special training, skills, licenses, and qualifications acquired from employment or other experience):

REFERENCES:

List the name, address, telephone number of three **business/work references** who are **not related** to you and are not previous supervisors.

Name	Address	Phone Number	Years Known

APPLICANTS STATEMENT

I authorize investigations of all statements contained in this application. I understand that misrepresenting or omission of facts called for is cause for dismissal. I hereby authorize the above-named references, employers, or previous employers, and educational institutions to furnish West Lebanon Township with any information they may have concerning me and do hereby release those same Parties and West Lebanon Township from all liabilities for any damage or claim whatsoever incurred in furnishing such information.

Signature: _____

Date: _____

West Lebanon Township will keep this application for **6 months**. After that time, it will be necessary to submit another application.

PLEASE DO NO WRITE BELOW THIS LINE

FOR WEST LEBANON TOWNSHIP USE ONLY

Date application received: _____

Source: _____

Arrange Interview: _____ Yes _____ No _____ Date/Time of Interview