

EMPLOYMENT APPLICATION

County of Lancaster

150 N. Queen Street, Suite 312
Lancaster, Pennsylvania 17603
Phone: 717.299.8310 / Fax: 717.293.7269

PERSONAL INFORMATION	
Name: Last	Name: First, Middle
Address: Street	
City, State, Zip Code:	
Home Phone:	Alternate Phone:
Email Address:	Today's Date:

ADDITIONAL INFORMATION	
Position Applying For:	Position Number:
Desired Salary:	Shifts Preference: <i>(Select all that apply)</i> 1 st 2 nd 3 rd Any
Desired Work Schedule: <i>(Select all that apply)</i> Full-Time Part-Time Occasional/Seasonal	Date Available to Start:
Military Service? Yes No Branch: Dates: From to Honorable Discharge? Yes No	Do you currently have relatives who work for the County of Lancaster? Yes No If "Yes" name of relative: Relationship:
Have you previously been employed by the County of Lancaster? Yes No	If you are under 18 years of age, can you provide proof of eligibility to work? Yes No
Can you provide documentation of eligibility to work in the United States? Yes No	Has your Drivers License ever been suspended? Yes No Why?
Have you ever plead "no contest", plead "guilty", or been found guilty of a misdemeanor or felony offense? Yes No	
What was the result or disposition of the case?	
Applicants selected for Merit Based Hiring positions shall submit college transcripts within 60 days after hire date.	

EDUCATION		
High School:	Diploma:	Major:
Address:	# Years Completed:	Did you graduate? Yes No
College or University:	Diploma:	Major:
Address:	# Years Completed:	Did you graduate? Yes No
Other Education (Technical, Business, Graduate, Military etc.)	Diploma:	Major:
Address:	# Years Completed:	Did you graduate? Yes No

EMPLOYMENT HISTORY
(List most recent employer first)

Employer:	From (mo/yr)	To (mo/yr)	Job Title:
Address:	Phone:	# Hours/Week	Supervisor:
Reason for Leaving:	Start Salary:	End Salary:	May we contact this employer? Yes No
Primary Responsibilities:			
Employer:	From (mo/yr)	To (mo/yr)	Job Title:
Address:	Phone:	# Hours/Week	Supervisor:
Reason for Leaving:	Start Salary:	End Salary:	May we contact this employer? Yes No
Primary Responsibilities:			
Employer:	From (mo/yr)	To (mo/yr)	Job Title:
Address:	Phone:	# Hours/Week	Supervisor:
Reason for Leaving:	Start Salary:	End Salary:	May we contact this employer? Yes No
Primary Responsibilities:			
Employer:	From (mo/yr)	To (mo/yr)	Job Title:
Address:	Phone:	# Hours/ Week	Supervisor:
Reason for Leaving:	Start Salary:	End Salary:	May we contact this employer? Yes No
Primary Responsibilities:			

PROFESSIONAL REFERENCES *(Please do not include friends or family)*

Name	Address	Phone	Business	Title

HOW DID YOU LEARN ABOUT THIS POSITION?

DESCRIBE HOW YOUR QUALIFICATIONS ARE APPROPRIATE FOR THIS POSITION

Empty box for describing qualifications.

PLEASE READ CAREFULLY BEFORE SIGNING

Employment applications must be completed in full. Employment applications that omit information will not be considered.

I certify that all of the information provided in this document and any accompanying documents is accurate, correct, and complete. I understand that falsification or misrepresentation or omission of any facts in said documents will be cause for denial of employment or termination of employment regardless of timing or circumstances of discovery. I also understand that false answers, statements, or representations made by me on this application may be sufficient cause for penalties under 18 PA Cons.stat., Section 4904 related to the unsworn falsification to authorities.

I understand that submission of an application does not guarantee employment. I further understand that employment obtained with the County of Lancaster is employment at will, for no specified duration and may be terminated either by the County of Lancaster or myself at anytime, with or without notice. I understand that none of the documents, policies, procedures, actions, statements of the County of Lancaster representatives used during the employment process is deemed a contract of employment, real or implied. If hired, I understand there shall be a probationary employment period.

In consideration for employment with the County of Lancaster; if employed, I agree to conform to the rules, regulations, policies, and procedures of the County of Lancaster. I understand that should a position be offered to me with the County of Lancaster, I may be required to submit to a pre-employment medical examination, drug screening, and/or other background checks as a condition of employment. I understand that unsatisfactory results obtained from these pre-employment checks will result in my withdrawal of any employment offer or termination of employment if already employed.

I authorize all schools, former employers, references, courts, and any others who have information about me to provide such information to the County of Lancaster and/or any of its representatives, agents, or vendors. I release all parties involved with providing information from any liability for any and all damage that may result from providing such information.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE _____ DATE _____

The County of Lancaster is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, age, marital status, veteran eligibility, disability, national origin, or any other legally protected status. No question on this application is asked for the purpose of disclosing any applicant's legally protected status. Applicants who require an accommodation in the application or hiring process may contact the Office of Human Resources for assistance.

County of Lancaster Voluntary Identification Form

All applicants are requested to complete this Voluntary Identification Form with their County of Lancaster Application for Employment. The purpose of this form is for the Office of Human Resources to collect information for federal reporting purposes and to help ensure compliance with the County of Lancaster Equal Employment Opportunities. The completion of this form is entirely voluntary and does not impact the employer's consideration of the Applicant for a position with the County of Lancaster. All applicants are directed to return their Application for Employment and the Voluntary Identification Form to the County of Lancaster Office of Human Resources. Human Resources shall maintain the Voluntary Identification Forms electronically and be responsible for filing the hard copy form within the Human Resources Office prior to sending the applications to the appropriate hiring department. Your cooperation in providing accurate information is important although it is a voluntary action.

How would you describe yourself? (Check one primary):

BLACK (not of Hispanic or Latino origin): Persons having origins in any of the Black racial groups of Africa.

HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

WHITE (not of Hispanic or Latino origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

AMERICAN INDIAN OR ALASKAN NATIVE (not of Hispanic or Latino origin): Persons having origins in any of the original people of North America and South America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN (not of Hispanic or Latino origin): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR PACIFIC ISLANDER (not of Hispanic origin): Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I CHOOSE NOT TO PROVIDE RACE AND/OR GENDER INFORMATION AT THIS TIME.

Applicants who are applying for a position with the **Office of Aging** who voluntarily opt to self-identify age 60 or above shall be considered for the **Office of Aging** age preference regarding the hiring process.

I choose to self-identify at age 60 plus.

What is your sex?

Male

Female

Today's Date:

County of Lancaster
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