



# Lackawanna County

## Employment Application

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

APPLICANT INFORMATION					
Position Applied for:				Date:	
Last Name		First Name		M.I.	
Street Address				Apartment/Unit#	
City		State		Zip	
Phone				Email Address	
Date Available				Desired Salary	
Available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S. YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for Lackawanna County? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony or misdemeanor in the last 7 years?*					
		YES <input type="checkbox"/>		NO <input type="checkbox"/> If yes, explain.	
*A conviction will not necessarily result in the denial of employment.					
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, can you provide proof of eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>					

**PREVIOUS EMPLOYMENT**

*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, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status.*

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**EDUCATION**

High School	Address	Course of Study
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
College	Address	Course of Study
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Other	Address	Course of Study
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Degree

## REFERENCES

*Please list three professional references.*

Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

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

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List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status.*

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## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain:

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**DISCLAIMER AND SIGNATURE**

**Please Read Carefully**

County of Lackawanna is an equal opportunity employer and affords equal opportunity for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status under local, state or federal laws.

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on my application or in interview(s) may result in discharge.

I hereby authorize the County of Lackawanna to investigate my background, including all information I provide in connection with my application. I understand and agree that as part of this investigation, the County of Lackawanna may obtain a report on my employment, education, tax payment information, criminal and civil records, credit record, character and any other information that the County of Lackawanna may deem appropriate. I hereby release the County of Lackawanna and its agents, as well as any person or company providing information, from and liability arising directly or indirectly from any such investigation.

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 Employer may discharge the 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 documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the County of Lackawanna.

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**Signature**

**Date**



# Lackawanna County

## Equal Employment Opportunity Form

### APPLICANT INFORMATION

Position Applied for:

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		

### Voluntary Information

*This information is being requested in accordance with federal regulations. Any information provided is voluntary. Lackawanna County will only use this information for purposes consistent with applicable federal and state regulations and will not use it in considering you for employment with the County. All information provided will be confidential except for disclosure required by applicable federal and state regulations.*

### Racial or Ethnic Group

American Indian/Alaskan  Asian/Pacific Islander  Black/African American   
Hispanic/Latino  White/Caucasian  Other

**Gender** Female  Male

### Military Service

Pre-Vietnam Era  Vietnam Era   
Post-Vietnam Era  Disabled Veteran

### How did you hear about this position?

Newspaper  Company Employee  Professional Publication   
Job Fair  Placement Office  Web Site   
Other  \_\_\_\_\_



# Lackawanna County

## AUTHORIZATION FOR RELEASE OF INFORMATION

I expressly authorize, without reservation, Lackawanna County, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in my employment application, resume or job interview. I hereby expressly authorize any persons, corporations, organizations, current and previous employers, public agencies, licensing authorities, educational institutions, credit bureaus, lending institutions, consumer reporting agencies, retail business establishments, law enforcement agencies, criminal justice agencies, and any other organizations named in my employment application, to provide Lackawanna County with any and all information in their files pertaining to my records, including my employment, military, education, credit, and law enforcement records (including, but not limited to, any record of charge, prosecution, or conviction for any felony or misdemeanor), and any other pertinent information that they may have about me, personal or otherwise. I hereby waive any and all rights and claims I may have against Lackawanna County, its agents, employees or representatives, for seeking, gathering and using such information in the employment process. I further hereby release any persons, corporations, organizations, custodians of records, schools, colleges, universities, other educational institutions, credit bureaus, lending institutions, consumer reporting agencies, retail business establishments, law enforcement agencies, or criminal justice agencies, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name: \_\_\_\_\_  
Typed or Printed (include maiden and any other previously used names)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_