

# LAWRENCE COUNTY COMMUNITY ACTION PARTNERSHIP

## APPLICATION FOR EMPLOYMENT

(Applications will be kept on file for at least six months)

**PERSONAL INFORMATION** Complete all applicable information

Name (Full - Last, First, MI)			Social Security Number		
Position(s) applied for:			Work Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend <input type="checkbox"/> Evenings		
Street Address:		City	State	Zip	
Home Phone	Business Phone	Have you previously been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No Dept.?			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When could you start employment?		
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you ever been convicted of a crime other than a traffic violation? Explain.			
Do you have a High School Diploma or GED?		Driver's License #	State	Type (Operators/Other)	Valid? (Yes/No)

**EMPLOYMENT HISTORY** (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

**EDUCATION INFORMATION**

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

*MILITARY SERVICE*

Military Experience? (Yes/No)	Branch of Service	Highest Rank
Other education, training or skills		
Machines you can operate (office & other equipment)		

*OFFICE SKILLS*

What business equipment can you operate? ___ Computer ___ Copier ___ Fax Machine ___ Multi-line Phone ___ Other: _____
In what computer software programs are you proficient? Microsoft: ___ Word ___ Excel ___ PowerPoint ___ Outlook ___ Publisher ___ Access ___ Other: _____
List additional software programs:

*GENERAL INFORMATION*

Please include any other information that you believe should be considered:
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*REFERENCES: Please list three persons not related to you and not listed as former employers:*

Name	Address	Phone(Inc. Area Code)	Occupation

Have you been a resident of Pennsylvania for the previous two (2) years?      ___ Yes      ___ No
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*PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY*

<ul style="list-style-type: none"><li>• In consideration of my employment, I agree to conform to the policies and procedures of Lawrence County Community Action Partnership (including the applicable policies and procedures of Lawrence County Social Services, Inc., United Community Services of Lawrence County, Inc., or Allied Coordinated Transportation Services, Inc.). I understand that in accepting this application, Lawrence County Community Action Partnership is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time, so long as there is no violation of applicable federal or state law.</li><li>• I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, may result in my employment being terminated.</li><li>• I also understand that any offer of employment is conditioned on the completion of appropriate background and reference checks. <b>By signing, I give my consent and authorization to references and former employers to release information to this employer.</b></li></ul>	
Date	Signature