

**APPLICATION FOR EMPLOYMENT  
SOUTH LEBANON TOWNSHIP  
1800 S. 5<sup>TH</sup> AVENUE, LEBANON PA 17042**

This application must be carefully and correctly filled out and all questions answered in ink. Applications that are dated more than six months before the date of the filing will not be accepted. Any false statement made in the application will disqualify the applicant for employment. If appointment is made prior to the determination of a false statement on the application, dismissal may occur.

Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies when they occur.

If you are offered employment, a comprehensive background investigation will be made, the results of which must be satisfactory to the township.

After this application is properly executed, it must be returned to the South Lebanon Township Administrative Office, 1800 S. 5th Avenue, Lebanon, PA 17042-7999.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Number and Street) (City) (State and Zip Code)

Telephone (\_\_\_\_) \_\_\_\_\_ When can you begin work? \_\_\_\_\_

If you have worked or been known under any other name(s), please indicate:

\_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required.)

Are you under the age of 18? \_\_\_\_\_ Social Security Number \_\_\_\_\_

(If you are under age 18, we will need to see your original working papers.)

Position applied for:

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** All questions on this application must be answered. If the question does not pertain to you, write the word "**NONE**" or the letters "**N A**" (for not applicable) next to the question. Incomplete applications will not be accepted or considered.



**EMPLOYMENT HISTORY:** List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment."

FROM MO. YR.		TO MO. YR.		COMPANY NAME AND ADDRESS	TYPE OF WORK PERFORMED	NAME OF SUPERVISOR	REASON FOR LEAVING EMPLOYMENT
1.		PRESENT					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any employer taken any form of disciplinary action against you? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain below:

FIRM	REASON	DISCIPLINARY ACTION TAKEN

\*Answering yes to this question will not result automatically in your being denied employment.

**MILITARY SERVICE RECORD:** List below any military service performed on either active duty or on reserve or National Guard status:

FROM MO. YR.		TO MO. YR.		ACTIVE OR RESERVE	BRANCH OF SERVICE	RANK	SERVICE SERIAL NUMBER	TYPE OF DISCHARGE OR SEPARATION

**MILITARY SERVICE DISCIPLINARY ACTION:** list below all disciplinary actions against you in military service by courts martial for which you were convicted:

DATE	SPECIFIC CHARGE AGAINST YOU	TYPE OF ACTION - BE SPECIFIC (COURT MARTIAL)	DISPOSITION OF CHARGE

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain below:

DATE OF ARREST	LOCATION	ORIGINAL CHARGE	FINAL CHARGE	DISPOSITION, INCLUDE DATE & COURT

1. Are you able, with or without accommodation, to perform all of the functions of the job for which you are applying?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are there any functions of the job that you cannot perform with or without accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

Do you have a current Pennsylvania driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

Drivers license number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Indicate any courses that you have completed which may be particularly useful to the position for which you are applying:

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List below the names of three persons who have known you for at least one year and who KNOW your character and standing in the community.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### NOTICE TO APPLICANT

**APPLICATION WILL NOT BE ACCEPTED BY THE SECRETARY UNLESS THE FOLLOWING REQUIREMENTS ARE COMPLIED WITH:**

1. Applicant must be at least sixteen (16) years of age.
2. Application must be completed in its entirety.
3. All applicants shall be citizens of the United States.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature \_\_\_\_\_  
(Name in full as it appears in question 1, page 1)

<b>FOR TOWNSHIP USE ONLY:</b>		
Date Received: _____	Interview 1: _____	Interview 2: _____
Start Date: _____	Hourly Wage: \$ _____	Employee ID: _____
Comments: _____		
_____		
_____		