



LEBANON COUNTY CONSERVATION DISTRICT

2120 Cornwall Road, Suite 5, Lebanon, PA 17042-9788
Phone: (717)277-5275 FAX: (717) 272-5314 info@lccd.org

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Assistance will be provided to any person who, as a result of a disability, needs assistance in completing this application.

PERSONAL INFORMATION

Last Name First Name Middle Name

Street Address City County State Zip Code

Telephone Number E-mail Address Social Security Number

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status?

Yes No (Proof of citizenship or immigration status will be required upon employment)

EMPLOYMENT DESIRED

Position applied for: _____ Salary Desired: _____

List professional certification, apprenticeships, specialized training, or foreign language skills: _____

Specialized Skills:

Microsoft Word GIS/ArcView Other _____

Microsoft Excel QuickBooks Other _____

MISCELLANEOUS

Have you ever been convicted of a felony? _____ If yes, where and disposition of offense? _____
(Conviction will not necessarily disqualify an applicant from employment)

Can you travel if a job requires it? Yes No Valid Driver's License? Yes # _____ No

Have you been or are you currently a member of the military service? Yes No

Branch _____ Rank _____

Present membership in National Guard or Reserves? Yes No

EDUCATIONAL RECORD

Name and Location	Years Completed	Graduate?		Course of Study
		Yes	No	
HIGH SCHOOL _____				
COLLEGE _____				
TRADE SCHOOL _____				

Other formal education or experience which you feel is relevant to the position for which you are applying:

EMPLOYMENT RECORD *(Please start with most recent employer)*

Name of Firm: _____ Name of Supervisor: _____
 Job Title: _____ Address: _____
 Dates Employed: _____ Reason for Leaving: _____
 Rate of Pay: _____ Brief Description of Duties: _____
 May we contact this employer? _____

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 Job Title: _____ Address: _____
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Name of Firm: _____ Name of Supervisor: _____
 Job Title: _____ Address: _____
 Dates Employed: _____ Reason for Leaving: _____
 Rate of Pay: _____ Brief Description of Duties: _____
 May we contact this employer? _____

PERSONAL REFERENCES *(Exclude relatives or former employers)*

(Name)	(Address)	(Phone)
1. _____		
2. _____		

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ANY APPLICANT AN INTERVIEW OR EMPLOYMENT

PLEASE READ THIS STATEMENT BEFORE YOU SIGN YOUR APPLICATION: "I understand that this employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal laws. I authorize this employer to thoroughly investigate and verify all information given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named herein (unless so noted) to provide any information requested about me, and I release them from all liability for damage in providing this information."

"In the event of employment, I understand that any false, misleading or willful omission of information may result in discharge. I understand also that I am required to abide by all rules and regulations of this employer."

 Applicant's Signature Date